**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90019 005 \*\*\*150.00

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # MOOO

<ol> <li>Corporation</li> </ol>	MENT # V09041 MOTORS, INC.						
Principal Place	of Business	Mailing Address			- I IDAII BIIBII ABIIIA IBIII ABIII BIIBA IIAI AIB		))t #1811 thes
4212 FOWLER ST FT MYERS FL 33901 US		1360 MELALEVRA LN FT MYERS FL 33901 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					01/23/1992		
2. Principal Pla	ace of Business	2a. Mailing Address		<u> </u>	4. FEI Number	Арр	lied For
21		26 1360 Mely1	euca	a Ln.	65-0311253	Not	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Obtained of States Boomes	Fee Req	
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 24	Country Zip 25 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Curre		<del>-</del>		10. Name and Address of New Register	ed Agent	
			81	Name		•	
ZARICK, EDWARD T. JR. 1360 MELALEUCA LANE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	MYERS FL 33901		83				
			_			85 Zip C	ode
			84	City	F	85 Zip C	900
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with and accept the oblig	ations of Section 607.0505, Florid	nonzed by la Statutes egistered Ager	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	99	**
12.		ND DIRECTORS	13.	<del></del> -	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	7.10		1,1 TITLE			_ Gribing	
NAME	DOSCOAN, ENDINE		1.2 NAME	T ADDRESS			
STREET ADDRESS	102 0.2. 2101 01.						
CITY-ST-ZIP	CAPE CORAL FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	<del></del>	☐ Change	Addition
TITLE	-		2.2 NAME				
NAME STREET ADDRESS	ZARION, CONTROL 1. UII.			T ADDRESS			
			2.4 CITY-5				
CITY-ST-ZIP TITLE	, i. (1117 tust 700 f tu	☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	333		33 STREE	T ADDRESS		<del></del>	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME			•	
STREET ADDRESS			4.3 STREE	T ADORESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME				المواقعة , لي
NAME				T ADDRESS			
STREET ADDRESS	DDRESS		5.4 CITY- S	ļ			
CITY-ST-ZIP			6.1 TITLE	, . <u>L</u>		☐ Change	Addition
TITLE		C) Detric	6.2 NAME	1			
NAME				T ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY+ST-ZIP

**SIGNATURE:** 

STREET ADDRESS