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PROFIT : CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 01, 1999 8:00am **Secretary of State**

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DOCUMENT # V11095

MIDTOWN AUTO SALES, INC.

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Principal Place of Bus	sines s	Mailing Address						•	
2308 FOWLER ST		2902 6TH STREET E					•		
FT. MYERS FL 33901 LEHIGH ACRES FL 33972			33972		W TON OO	RITE IN THIS SI	PACE		
US					3. Date Incorporated or Qualife				
•					02/03/1992			1	
		2a. Mailing Address	<u> </u>	 	4. FEI Number		Appl	ied For	5
2. Principal Place of	Business 11		-		65-0310011		· · · · · ·	Applicable	Ä
21	<u> </u>	Suite, Apt. #, et	te .				\$8.75 Ad		* 5
Suite, Apt. #, etc.		├ ┐ ′′			5. Certificate of Status Desired	<u> </u>	Fee Req	uired	•
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City & State	a springs	⊢ ′			Trust Fund Contribution	a 🗆	Added to	,	
23	" Country	Zip	Co	untry	8. This corporation owes the c	urrent year Intan	gible		
Zip		29	30	• •	Personal Property Tax.		ŬYes [□No	
24	25 Address of Current		[30]	T -	10. Name and Address of New	w Registered Aq	gent		
9. 1	Name and Address of Curren	r ivaliatered villent		81 Name					
HARFRMFI	HL, RAINER				(D.O. Barry N. rest and the Annual	antable)			
	EAST STREET			82 Street Add	dress (P.O. Box Number is Not Acce	spiana)	egentalas de des		
	CRES FL 33936			83	1 With State and The State and	4 F 3 M (13 1 M)	111111111111111111111111111111111111111		
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				84 City		Fi	85 Zip Co	Dage)	
nona stasty ta 6	8, 007.050	0 - 4 007 4509. Elevido	Ctatutes the	above-named cor	poration submits this statement for tion's board of directors. I hereby ac	the purpose of ch	hanging its n	egistered	
					tion's board of directors. I hereby ac	cept the appoint	ment as regi	istered	
US agent. I am fami	ed agent, or both, in the State illiar with, and accept the obligation	tions of, Section 607.05	05, Florida Sta	atutes.					
					•				
SIGNATURE	e et et et e				red when reinstaling)	DATE			<u></u>
Signatur	e, typed or printed name of registered agen		(NOTE: Registers	ed Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO		DIRECTOR		(86/
Signatur 12.		ID DIRECTORS	(NOTE: Registers	ed Agent signature requi	ADDITIONS/CHANGES TO		DIRECTOR	RS IN 12	(11/98)
Signatur 12. TITLE D	OFFICERS AN		(NOTE: Registers	ed Agent signature requis	ADDITIONS/CHANGES TO			RS IN 12	34:(11/98)
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12. TITLE D NAME HAB STREET ADDRESS 2902	OFFICERS AN BERMEHL, RAINER 2 6TH STREET EAST	ID DIRECTORS	(NOTE: Registers 13 ETE 1.1 1.2	ad Agent signature required. TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO			RS IN 12	32E034 (11/98)
12. TITLE D NAME HAB STREET ADDRESS 290% CITY-ST-ZIP LEH	OFFICERS AN	D DIRECTORS	(NOTE: Registers 1.1 1.1 1.2 1.3 1.4	ad Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO	OFFICERS AND		RS IN 12	CR2E034 (11/98)
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d that my signature shall have the same legal effect as it made under oath; that I am ar this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplemental annual report of conficer or director of the corporation or the receiver or trusted Block 12 or Block 13 if changed, or or an attachment with

SIGNATURE: X

1/13/99

(941) 332-7080