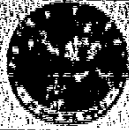


**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Abshier
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAR 21 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V16135 (8)
1. Corporation Name
LA BELLE CHRYSLER, PLYMOUTH, DODGE, INC.

Principal Place of Business Mailing Address
501 SOUTH MAIN STREET LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1992	3a. Date of Last Report 04/12/1994
4. FID Number 65-0313454	Archived For Filing Agent's Use
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.01(1), Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <input type="checkbox"/>	26. <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**OHL, BRADLEY L
440 GRANT STREET
LABELLE FL 33935**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Next Acceptation)
83.
84. City
85. Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____
(Signature of stock or preferred holder of registered agent and that of corporation) (Signature of Registered Agent or other registered officer or director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	0	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHRIVER, LYLE	2. NAME	DELETE
STREET ADDRESS	740 S.W. 50TH STREET	3. STREET ADDRESS	
CITY, ST, ZIP	CAPE CORAL FL	4. CITY, ST, ZIP	
TITLE	VPST	7. TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHL, BRADLEY L	7. NAME	
STREET ADDRESS	440 GRANT ST	7. STREET ADDRESS	400001437144
CITY, ST, ZIP	LABELLE FL	7. CITY, ST, ZIP	-03/22/95--01110--014
TITLE	V	8. TITLE	***200.00 ***200.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIERSON, EDWARD P	8. NAME	VPST
STREET ADDRESS	250 RIVERVIEW BLVD.	8. STREET ADDRESS	
CITY, ST, ZIP	LABELLE FL	8. CITY, ST, ZIP	
TITLE	V	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERFIELD, LARRY	11. NAME	
STREET ADDRESS	1013 3RD ST. N.E.	11. STREET ADDRESS	
CITY, ST, ZIP	INDEPENDENCE IA 50844	11. CITY, ST, ZIP	
TITLE		12. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		13. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(1), Florida Statutes. I further certify that the information included on this annual report or supplement, annual report or true and correct copy and that my signature shall have the same legal effect as if made in person appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K 3 14 95 X P 13 615 2701

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V21587** (3)

1. Corporation Name

LEESBURG MARKETPLACE, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4615 W NORTH A ST
TAMPA FL 33609

Mailing Address

4615 W NORTH A ST
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1992

3a. Date of Last Report
04/19/1994

2. Principal Place of Business

21. **844 Main Street**

2b. Mailing Address

26. **Same as**

4. FEI Number
59-3113724

Applied For
Post Approval

22. Suite, Apt. #, etc.
204

27. Suite, Apt. #, etc.

5. Certificate of Status (Demand) **\$8.75 Additional Fee Required**

5. Certificate of Status (Demand) **\$8.75 Additional Fee Required**

23. City & State
Louisville CO

28. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **80027** 25. Country **USA**

29. Zip **33609** 30. Country

8. This corporation has liability for intangible tax under S. 199(1)(2) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MILLER, MARK E.
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 200
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the responsibility as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

Registered Agent or Principal Place of Business, Agent and the Taxpayer

Registered Agent or Principal Place of Business, Agent and the Taxpayer

201

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **ATHANS, DEMETRIOS N**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

1. TITLE: Change Addition
2. NAME: **ATHANS, DEMETRIOS N**
3. STREET ADDRESS: **844 MAIN ST #204**
4. CITY, ST, ZIP: **Louisville CO 80027**

TITLE: **D**
NAME: **ATHANS, IRENE**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

5. TITLE: Change Addition
6. NAME: **ATHANS, IRENE**
7. STREET ADDRESS: **4520 NORTH B ST**
8. CITY, ST, ZIP: **Tampa, FL 33609**

TITLE: **D**
NAME: **ATHANS, IRENE**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

9. TITLE: Change Addition
10. NAME: **ATHANS, IRENE**
11. STREET ADDRESS: **100001437311**
12. CITY, ST, ZIP: **-03/23/95--01012--017**

TITLE: **D**
NAME: **ATHANS, IRENE**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

13. TITLE: Change Addition
14. NAME: **ATHANS, IRENE**
15. STREET ADDRESS: **100001437311**
16. CITY, ST, ZIP: **-03/23/95--01012--017**
17. FILING FEE: *******200.00 *****200.00**

TITLE: **D**
NAME: **ATHANS, IRENE**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

18. TITLE: Change Addition
19. NAME: **ATHANS, IRENE**
20. STREET ADDRESS: **100001437311**
21. CITY, ST, ZIP: **-03/23/95--01012--017**

TITLE: **D**
NAME: **ATHANS, IRENE**
STREET ADDRESS: **4615 W NORTH A ST**
CITY, ST, ZIP: **TAMPA FL**

22. TITLE: Change Addition
23. NAME: **ATHANS, IRENE**
24. STREET ADDRESS: **100001437311**
25. CITY, ST, ZIP: **-03/23/95--01012--017**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the recording stated in law hereof. I hereby certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-95

303 661 0 101