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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000083454 (7)

1. Corporation Name

COMCAR ACQUISITION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. DRAWER 67 AUBURNDAL FL 33823		Mailing Address P.O. DRAWER 67 AUBURNDAL FL 33823	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
g. Name and Address of Current Registered Agent			
JACOBS, MILTON E. 502 E. BRIDGERS AVENUE AUBURNDAL FL 33823			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
86 State			
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89			
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BOSTICK, R M	1.2 NAME	
STREET ADDRESS	P.O. DRAWER 67 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL 33823	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	JACOBS, MILTON E	2.2 NAME	
STREET ADDRESS	P.O. DRAWER 67 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL 33823	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	READY, BILLY	3.2 NAME	
STREET ADDRESS	P O DRAWER 67 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL 33823	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BOSTICK, GUY	4.2 NAME	
STREET ADDRESS	P O DRAWER 67 (N/A)	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDAL FL 33823	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

*[Signature]*

Bill D. [Signature]

2/1/98

10/11/95/1998

CR2E034 (10/97)