FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

I	MENT # P94000 CARS EXPERIENCED AUTO				
Principal Place of Business Mailing Address					
1155 NORTH WASHINGTON BLVD. UNIT A SARASOTA FL 94296		P.O. BOX 314 SARASOTA FL 34230-0314		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21 2307 NORTH TAMIAMITRAN				65-0474956 Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		- \$9.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
	KOMIS FL	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 24 342			Country 30	B. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No No 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered Agent	
EARLY, III J 1155 NORTH WASHINGTON BLVD SARASOTA FL 34236			83 84 City	Address (P.O. Box Number is Not Acceptable) SOO NORTH TAMIAM TRAIL OKOMIS FL 85 Zip Code 34275	
SIGNATURE	Signature, typed or printed name of registered agen	of and title if applicable (NOTE	Registered Agent eignature	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME STREET ADORESS	EARLY, JOHN T #1 % 1155 NORTH WASHINGTON BLVD., UNIT A SARASOTA FL 34236		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	2307 NORTH TAMIAMITRAIL	
CITY-ST-ZIP TITLE	SANASUIA FL 34236	DELETE	1.4 CITY-ST-2IP 2.1 TITLE	NOKOMIS FL 34275	
NAME			2.2 NAME	Las Charles	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZNP	!		2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition	
HAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition	
TITLE NAME		☐ hettie	4.1 HILE 4.2 NAME	T cusufie T wooning	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 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 changes are no appears in the corporation of the corporatio

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE

STREET ADDRESS

FILED

May 01 1998 8:00am

Secretary of State

Change

Addition