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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P96000085966 (5)

CARS UNLIMITED, INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



2406 SOUTH US RT 1 FORT PIERCE FL 34982			2406 SOUTH US RT 1 FORT PIERCE FL 34982			DO NOT WRITE IN THIS S	PACE	
						3. Date Incorporated or Qualified 10/17/1996		
2.	Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applicat	
21	•		26			65-0373159	Applied Not Appl	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additio	
22			27			5. Certificate of Status Desired	6. Certificate of Status Desired Fee Required	
_	City & State		City & State			6. Election Campaign Financing	\$5.00 May E	3e
23			28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fee	
-	Zip	Country	Z _i ρ	Cou	ntry	This corporation owes or has paid the curr		e Ì
24		9, Name and Address of Curren	29	30			Yes No	
	LAMI		it Registered Agent	 .	81 Name	10. Name and Address of New Registered A	gent	
		LSON, JOHN A						
2406 \$0UTH US RT 1					82 Street Ac	Idress (P.O. Box Number is Not Acceptable)		
FORT PIERCE FL 34982					83			
					63			
					84 City	F-1	85 Zip Code	
11	Pursuant t	n the provisions of Sections 607 050	2 and 607 1508 Florida State	iton the el	your persod or	FL progration submits this statement for the purpose of		
• • •	Office of re	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was	authorized	1 by the carpoi	ration's board of directors. I hereby accept the appo	changing its registe intment as registe	ered stered
	•	m animar with, and accept the bongs	ations of, Section 607.0505, F	lorida Stat	utes.			
SIC	GNATURE :	Signature, typed or printed name of registered age	nt and title if applicable (NC	TE: Registered	Agent signature rec	quired when reinstating) DATE	•	
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	2
TITL	Æ	·		1.1 717	LE			ddition
NAME		Wilson, John A		1.2 NA	ME			Į,
STREET ADDRESS		2406 SOUTH US RT 1		1.3 ST	REET ADDRESS			l:
CITY	Y-ST-ZIP	P FORT PIERCE FL 34982		1.4 CF	Y-ST-ZIP			
TITL	.E	VT	DELETE	21 111	LE		Change A	ddition
NAME		WILSON, SANDRA R		2.2 NA	ME			ŀ
STREET ADDRESS		2408 SOUTH US RT 1		2.3 ST	reet address			- 1
CITY-ST-ZIP FORT PIERCE FL 3		FORT PIERCE FL 34982	<u> </u>		TY-ST-ZIP			
TITL	.E		DELETE	3.1 T(T	LE		Change A	ddition
NAME				3.2 NA	ME			İ
STREET ADDRESS				3.3 ST	REET ADDRESS			
	-ST-ZIP		····	3.4. CI	TY+ST-ZIP			
TITL			DELETÉ	4.1 111	LE		☐ Change ☐ A	ddition
NAME				4. 2 N/	ME			
STREET ADDRESS				4.3 ST	HEET ADDRESS			-
CITY-ST-ZIP				4.4 CITY - ST - ZIP				
TITL			L DELETE	5.1 117	·		Change A	ddition
NAM	_			5.2 NA	·			
STREET ADDRESS					REET ADDRESS			
	-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE			L DELETE	6.1 717		i	Change A	ddition
NAM	+			6.2 NA	1			
	EET ADDRESS				EET ADDRESS			
	1 hereby ce	artify that the information supplied will	th this filing does not available	6.4 CIT	Y-ST-ZIP	n Section 119.07(3)(i), Florida Statutes. I further cert		
	officer or d	an inis a nnual report or supplementat	annual report is true and ac iver or trustee empowered to	curate and	that my cional	n Section 119.0(3)(i), Florida Statutes, I further cert lure shall have the same legal effect as if made und quired by Chapter 607, Florida Statutes; and that my	er oath; that I am r name appears in	^^