

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

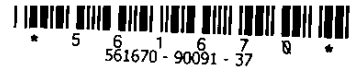
04-29-1999 90283 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # *P98000015767* ✓  
 1. Corporation Name  
 Osceola Auto Repair & Fleet Service, Inc.



Principal Place of Business Mailing Address  
 2749 N. Orange Blossom Trail  
 Kissimmee, Fl 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Same  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26 same  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
 8/98

4. FEI Number  
 59-3531244  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 Joseph Genoese  
 214 Taranto Way  
 Kissimmee, Fl 34758

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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	President	<input type="checkbox"/> DELETE
NAME	Joseph Genoese	
STREET ADDRESS	214 Taranto Way	
CITY-ST-ZIP	Kissimmee, Fl 34758	
TITLE	V-President	<input type="checkbox"/> DELETE
NAME	Gary TenEyck	
STREET ADDRESS	1508 Mabbette St	
CITY-ST-ZIP	Kissimmee, Fl 34741	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *Gary TenEyck*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/99* *407-999-3885*  
 Date Daytime Phone #

CR2E034 (1/88)