

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 259505 (6)

1. Corporation Name

CITY OF CARS INC



Principal Place of Business

4802 W COLONIAL DR  
P O BOX 616886  
ORLANDO FL 32808  
US

Mailing Address

4802 W COLONIAL DR  
P O BOX 616886  
ORLANDO FL 32808  
US

3. Date Incorporated or Qualified  
05/31/1962

3a. Date of Last Report  
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 4802 W. Colonial Dr.

26 P.O. Box 616886

4. FEI Number

59-0967892

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando FL

28 City & State

Orlando FL

24 Zip

32808

25 Country

Orange

29 Zip

32861

30 Country

Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDEN, GREG  
4802 W COLONIAL DRIVE  
ORLANDO FL 32808

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

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 CD  
NAME GOLDEN, ROSS L.  
STREET ADDRESS ROUTE 1, BOX 56  
CITY-ST-ZIP CLERMONT FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST  
NAME SWEENEY, BETTY  
STREET ADDRESS 4802 W. COLONIAL DR  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME SAMS, STEVE  
STREET ADDRESS 4802 W COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME WELLS, J. MAXWELL W.  
STREET ADDRESS 801 N. MAGNOLIA AVE.  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE PD  
NAME GOLDEN, GREG  
STREET ADDRESS 4802 W. COLONIAL DR  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  
NAME SAMS, STEVE  
STREET ADDRESS 4802 W. COLONIAL DR.  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Golden

4-13-96 (407) 293-9420

Date

Daytime Phone #

CR2E034 (12/95)