

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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: **21 4802 W. Colonial Dr.**  
Suite, Apt. #, etc.:  
City & State: **22 Orlando FL**  
Zip: **24 32808**  
Country: **25 Orange**  
2a. Mailing Address: **26 P.O. Box 616886**  
Suite, Apt. #, etc.:  
City & State: **27 Orlando FL**  
Zip: **29 32861**  
Country: **30 Orange**

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

9. Name and Address of Current Registered Agent: **GOLDEN, GREG 4802 W COLONIAL DRIVE ORLANDO FL 32808**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOLDEN, ROSS L.</b>		1.2 NAME	
STREET ADDRESS: <b>ROUTE 1, BOX 58</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>CLERMONT FL</b>		1.4 CITY-ST-ZIP	
TITLE: <b>ST</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SWEENEY, BETTY</b>		2.2 NAME	
STREET ADDRESS: <b>4802 W. COLONIAL DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SAMS, STEVE</b>		3.2 NAME	
STREET ADDRESS: <b>4802 W COLONIAL DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ORLANDO FL</b>		3.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WELLS, J. MAXWELL W.</b>		4.2 NAME	
STREET ADDRESS: <b>801 N. MAGNOLIA AVE.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ORLANDO FL</b>		4.4 CITY-ST-ZIP	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GOLDEN, GREG</b>		5.2 NAME	<b>P/S/T/D Golden, Greg</b>
STREET ADDRESS: <b>4802 W. COLONIAL DR</b>		5.3 STREET ADDRESS	<b>4802 W. Colonial Drive</b>
CITY-ST-ZIP: <b>ORLANDO FL</b>		5.4 CITY-ST-ZIP	<b>Orlando FL</b>
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SAMS, STEVE</b>		6.2 NAME	
STREET ADDRESS: <b>4802 W. COLONIAL DR.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>ORLANDO FL</b>		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: **Greg Golden** 4-13-96 (407) 293-9420  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)