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

FILED Mar 31 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 259505 (6)CITY OF CARS INC Principal Place of Business Mailing Address 4802 W COLONIAL DR P.O. BOX 616886 ORLANDO FL 32008 ORLANDO FL 32861 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/31/1962 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-0967892 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOLDEN, GREG 4802 W COLONIAL DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 **B3** 85 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. ĊD DELETE Change Addition TITLE 1.1 TITLE GOLDEN, ROSS L. 1.2 NAME NAME **ROUTE 1, BOX 58** STREET ADDRESS 1.3 STREET ADDRESS CLERMONT FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE SAMS, STEVE 2.2 NAME 4802 W COLONIAL DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change PSTD __ Addition TITLE 3.1 TITLE GOLDEN, GREG 3.2 NAME 4802 W. COLONIAL DR STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 3.4. CiTY-ST-ZIP DELETE 4.1 TITLE ☐ Change Addition TITLE SAMS, STEVE 4. 2 NAME STREET ADDRESS 4802 W. COLONIAL DR. 4.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 chapter on an attachment with an address.

6.1 TITLE

6.2 NAME

☐ DEL**ÉT**E

SIGNATURE

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Greg Golden

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MAR 2 5 1998 (407) 293-9420

Change

Addition