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

29

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

25

RODGERS, G.J.

9741 CASEY DR

**NEW PORT RICHEY FL 34654** 

(0)

1. Corporation Name

MINI-CARS INCORPORATED

Principal Place of	Business	Mailing Addres						
9741 CASEY DR. NEW PORT RICHEY FL 34654-0507		9741 CASEY DR. NEW PORT RICHEY FL 34654-0507						
				3. Date Incorporated or Qualified 04/13/1966		3a. Date of Last Report 04/28/1995		
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Add	Iress	4. FEI Number 59-1116833	<u></u>	Applied For Not Applical		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z <sub>I</sub> p	Country	Zip	Country	8. This corporation has liability for i	intangible	e tax under s 199.032,		

30

City Zip Code 85 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

81

82

83 84 Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

☐ Yes ☐ No

10. Name and Address of New Registered Agent

12.	Signature, typed or printed name of registered agent and title if		OTE: Registered Agent signature required			
IITLE	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS A		
		DELETE	1. 1 TIFLE		Change	☐ Addilio
AME	OEHLER,J M		1.2 NAME			
IREET ADDRESS	7931 BRACKEN DR.		1.3 STREET ADDRESS			
ITY-ST-ZIP	PORT RICHEY FL		1.4 CITY - ST - ZIP			
TLE	PTS	DELETE	2 1 THILE		Change	Additio
AME	RODGERS,G J		2.2 NAME			
TREET ADDRESS	9741 CASEY DR.		2 3 STHEET ADDRESS			
TY-\$T-ZIP	N. PORT RICHEY FL		2 4 CiTY-ST-ZIP			
TLE		DELETE	3. 1 TITLE		Change	Additio
ME			3.2 NAME			
REE1 ADDRESS			3.3 STREFT ADDRESS			
TY-ST-ZIP			3.4 CITY - ST - ZIP			
[LF		☐ DELETE	4. 1 TITLE		Change	☐ Additio
IME			4 2 NAME			
REE1 ADDRESS			4.3 STREET ADDRESS			
TY - ST - ZIP			4.4 CITY-ST-ZIP			
IL€		☐ DELETE	5. 1 TITLE		Change	Addit:o
IME			5 2 NAME			
HELL ADDRESS			5 3 STREET ADDRESS			
IY-SI-ZIP			5.4 CITY - ST- ZIP			
LE		□ DELETE	6. 1 TITLE		Change	Additio
.ME			6.2 NAME			_
REET ADDRESS			63 STREET ADDRESS			
Y-ST-ZIP			SA CITY, ST. 7IP			

14. Ido 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 a ratial hinent with an address.

SIGNATURE:

RODGERS, PRES 4-14-96(813)863-3772

CR2E034 (12/95)

Applied For Not Applicable