Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90298 025 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # 332479

City & State    City & State	1. Corporation	n Name									
Mailing Address   Mailing Ad	MEARS	MOTOR LIVERY CORPORA	TION					88188 (1188 1668 14881 81865 14	1818 1811 8111	III ALAJI AIDII BII	i (r. <b>6.16) (. 6</b> 76) (1 <b>66</b> )
Mailing Address   Mailing Ad											
Solid   Ref   RAND   1,2008   RA	Principal Floor	o of Business	Mailing Address				-  Ⅱ	<b>00150</b>  \$100			
ORLANDO FL 28008  ORLANDO FL 28008  DO NOT WRITE IN THIS SPACE  J. Principal IPface of Business 2. A Mailing Address 3. Date is propriated or Crualized O7/15/1968  Suite, Apt. 8, etc. 2. Suite, Apt. 8, etc. 3. Suite, Apt. 8, etc. 3. City & State City &	-										
2. Principal Place of Business 2. A Making Autress 3. Date incorporated or Qualifed 07/15/1988 2. Principal Place of Business 3. Date incorporated or Qualifed 07/15/1988 3. Date incorporated or Qualifed 35.00 Not Applicable 35. Curife at 60 Status Desired   \$5.00 Not Applicable   \$5.00 Not Appl							1				
2. Principis Place of Business   2a, Malling Address   4. FEI Filmsbur   59-1237281   No Applied for 59-1237281   Solite, April 8, etc.   28   Solite, April 8, etc.   29   Solite, April 8, etc.   29   Solite, April 8, etc.   29   Solite, April 8, etc.   27   Solite, April 8, etc.   28   Solite, April 8, etc.   29   Solite, April 8, e										IIS SPACE	<del>-</del>
2. Principal Place of Business   2a. Malling Address   5. FEI Number   Not Applicable   Suito, Apt. 4, etc.   21. Suito, Apt. 4, etc.   27. Suito, A								•			
Suite, Apt. #, etc.   25										———	And Can
Suite, Apt. #, etc.  272 City & State City &	2. Principa!P										
27   City & State   City & Country   City & City & City & City & Country   City & City	<u> </u>						<u> </u>	3/201			
City & State   City & State   Zity & Zi		#, etc.	— · · ·	Suite, Арт. #, етс.			5. Certifo	ate of Status Desired			
Trust Fund Continuous   Acaded it   Fees	City & Stat	9		<u>-</u>			6 Electic	n Campaign Financing		\$5.0	O May Bo
Zip Country   Zip   Country   Zip   Country   8. This corporation owes the current year intangible   Parsonal Property Tax.   \(    yes   No.   Name and Address of New Registered Agent   10. Name and Address of New Registered Agent   11. Name   Name and Address of New Registered Agent   12. Name   Name and Address of New Registered Agent   13. Name   14.	<b>—</b>	io.	<b>⊢</b>				1				
Personal Property Tax		Country		Cou	intry		8. This ci	progration owes the cur	rent year	Intangible	
### HARTMAN, JAMES C 3305 EL REY ROAD ORLANDO FL 32808 ### City FL ### Statement for the purpose of changing its eightered agent of the purpose of changing its eightered of collect registered agent, or both, in the State of Florida State less, the above-named of rigoration submits this statement for the purpose of changing its eightered office ( registered agent, or both, in the State of Florida State less, the above-named of rigorations shown is this statement for the purpose of changing its eightered office ( registered agent, and both, and a capit the object of Florida State less, the above-named of rigorations shown is this statement for the purpose of changing its eightered office ( registered agent agent spike or portions) board of rigorators. I hereby accept the opt or changing its eightered agent spike	<del>-</del>	25		30			Personal Property Tax.				□No
HARTMAN, JAMES C 3005 EL REY ROAD ORLANDO FL 32808  ### City ### L   \$5   Zip C 3de  ### City ### L   Zip C 3de  ### Ci				_1,1			10. Name	and Address of New	Register	d Agent	
3905 EL REY ROAD ORLANDO FL 32808  82   Street Address (P.O. 60) Number is Not Acceptable)  83   84   City   FL   85   Zip Code  11. Pursuent to the provisions of Sections 607,0502 and 607,1508, Florida Statu les, the above-maned of riporation submits this statement for the purpose of changing its registered agent. I am familiar with, and all cept the obligations of, Section 607,0505, Fibrida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS ANN DIRECTORS SIGNATURE 12. OFFICERS ANN DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS, ND DIRECTORS IN 12  14. TITLE 15. TITLE				_	81	Name					
SIGNATURE  True provisions of Scotions 607.0502 and 607.1508, Florida Statutes, the above-named or operation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the app ointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the app ointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the app ointment as registered agent agent, and statutes.  SIGNATURE  Signature, speed of printer as or diregistered agent agent agent agent. A page agent a					82	Street Addr	ress (P.O. Box	Number is Not Accept	able)	·— <del>-</del>	
11. Pursuent to the provisions of Si-ctions 607.0502 and 607.1508, Florida Stati tes, the above-named or repration submits, this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was, suthorized by the corporation's board of ilirectors. I hereby accept the application and are part to obtigations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byte of printed raise of registered agent and steer il applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS.ND DIRECTORS IN 12  TITLE  PD											
TI. Pursuent to the provisions of Scotions 607.0502 and 607.1508, Florida Statu les. the above-named or rooration submits this statement for the purpose of changing its egistered agent, or both, in the State of Florida, Such change was unthorized by the corporation's board of iliractors. I hereby accept the app ointment as registered agent, or hoch, in the State of Florida, Such change was unthorized by the corporation's board of iliractors. I hereby accept the app ointment as registered agent and architecture of the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed of printed are and integrated agent and little of agricultation.  12. OFFICIERS ANI. DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS. AND DIRECTORS IN 12  TITLE  PD  HARTMAN, JAMES C  11.1TITLE  PD  HARTMAN, JAMES C  11.3 STREET ADDRESS  11.4 CITY-ST-ZP  ORLANDO, FL. 00000  14.4 CITY-ST-ZP  ORLANDO, FL. 00000  14.15 SOVEREIGN CT  ORLANDO FL. 00000  14.15 SOVEREIGN CT  ORLANDO FL. 00000  14.15 SOVEREIGN CT  ORLANDO, FL. 00000  DELETE  14.15 SOVEREIGN CT  ORLANDO, FL. 00000  14.15 SOVEREIGN CT  ORLANDO, FL. 00000  14.15 SOVEREIGN CT  ORLANDO, FL. 00000  DELETE  14.15 TITLE  ORLANDESS  ORLANDO, FL. 00000  ORLANDO, FL. 00	ORL	ANDO FL 32808			83						
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office crregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or infectors. Thereby decept the application agent and accept the objections of, Section 607.0505, Fi-rinda Statutes.  SIGNATUFE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS. NND DIRECTOFS IN 12  TITLE PD						•			-	·∟∣∣	
TITLE	agent. ∣ a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Fi	orida Stati	utes.						
HARTMAN, JAMES C	12.	OFFICERS A		13.			ADDITIO	NS/CHANGES TO O	FICERS		
1415 SOVEREIGN CT	TITLE	l · -	☐ DELETE	1.1 ΤΓ	TLE					Chang	je ∐ Addition
ORLANDO, FL 00000	NAME			H							
TITLE	STREET ADDRESS	1		1.3 \$1	TREET A	ADDRESS					
MAME	CITY-ST-ZIP			-		ZIP					- D Addison
\$1415 SOVEREIGN CT	TITLE		☐ DELETE							Chang	je 🔲 Addition
CITY-ST-ZIP	NAME			2		1					
TITLE	STREET ADDRE 3S					ļ					
NAME   SCHLYTTER, ROBERT O   32 NAME   32 NAME   33 STREET ADDRESS   1415 SOVEREIGN CT   33 STREET ADDRESS   CITY-ST-ZIP   ORLANDO, FL 00000   DELETE   4.1 TITLE   Change   Addition   A2 NAME   A2 NAME   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Change   Addition   Addition   A2 NAME   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Change   Addition   Addition   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Change   Addition   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Change   Addition   A3 STREET ADDRESS   A4 CITY-ST-ZIP   Change   Addition   A4 CITY-ST-ZIP   Change   A	CITY-ST-ZIP_		Classer.	_		-ZIP		·		Chanr	ne
STREET ADDRE :S   1415 SOVEREIGN CT	TITLE	1		•	ľ						in Filmonion
ORLANDO, FL 00000   34, CITY-ST-ZIP	NAME			ı ı		ADDRESS					
### TITLE		1		ı							
A 2 NAME		UKLANDU, FL UUUUU	□ DELETE	_		- 214				Chanc	ge Addition
A 3 STREET ADDRESS   A 4 CITY - ST - ZIP						Ì					
Addition						ADDRESS					
DELETE   51 TITLE   Change   Addition						ľ					
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition			☐ DELETE	_		-				Chang	ge Addition
5.3 STREET ADDRESS			<del></del>								
				5.3 \$1	TREET	ADDRESS					
TITLE DELETE 6.1 TITLE Change Addition				5 4 CI	TY-ST-	ZIP					
CONMIC	TITLE		☐ DELETE	6.1 TI	TLE					Chang	ge Addition
190 NOTAGE	NAME			6.2 N/	AME						

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 contriby 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR