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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPAREMENTO OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90108 026 \*\*\*150.00

CAR FAI	ir, inc.							
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L								
Principal Place of Business Mailing Address			~				*	
125 EAST SUNRISE BLVD 125 EAST SUNRISE BLVD				•				
FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 US				DO NOT WRITE IN THIS SI		S SPACE		
00		V			3. Date Incorporated or Qualifed	_ <del></del>		1
	•				04/05/1973			]
2. Principal P	Place of Business	2a. Mailing Address		_	4. FEI Number	Ap	plied For	
21					59-1447097	No	t Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Re	<del>_</del>	-	
City & Stat	t <del>e</del>	City & State			6. Election Campaign Financing	\$5.00	•	1
23	Country		Country		Trust Fund Contribution	Added t	o rees	┧╾
Zip	25	Zip 29 30	Country		This corporation owes the current year In Personal Property Tax.	⊓tangible □Yes	□No	
24	9. Name and Address of Curren				10. Name and Address of New Registered			1
	3. Italia alla Adarba di dalla	<u></u>	81	Name				1
WAF	RING, HERMAN		00	Ctura at A de	desce (D.O. Day Mumbar is Alat Associable)			-
4350 NE 22 AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
FT. (	LAUDERDALE FL 33308		83					7_
\$	-		84	City		85 Zip (	Code	Ï
			04	City	Fi		Code	}
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	ne abov	e-named cor	poration submits this statement for the purpose of	of changing its	registered	}
office or r agent. La	registered agent, or both, in the State in im familiar with, and accept the obligation.	of Florida. Such change was autho ions of, Section 607.0505, Florida	rized by Statutes	tne corporat i.	tion's board of directors. I hereby accept the appoint		gistered	
SIGNATURE	HERMANI WA	HR 1016			Mar	6-94		
	Signature, typed or printed name of registered agen			nt signature requi	red when reinstating) DATE			وَ ⊦
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	╡┋
TITLE	VST WADING HEDMAN	· CT pèrre le	1.2 NAME			ondingo	, , , , , , , , , , , , , , , , , , ,	
NAME	Waring, Herman   4350 Ne 22 Avenue			TADORESS	•			8
STREET ADDRESS			1.4 CITY-S					5
TITLE	TT EAGBERDALE, TE GOOG	☐ DELETE	2.1 TITLE	11-2JF		Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS		1	2.3 STREE	TADORESS				1
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP				
TITLE			3.1 TITLE			Change	Addition	]
NAME	<u> </u>		3.2 NAME=				<del></del>	-
STREET ADDRESS		1	3.3 STREE	TADORESS				1.
CITY+\$T-ZIP			3.4. CITY-5	ST-ZIP				1
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	•
NAME	·		4. 2 NAME	,				1
STREET ADDRESS		]	4.3 STREE	TADORESS				Ì
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>	Change	Addition	-
TITLE			5.1 TITLE 5.2 NAME			□ clialige	C Vánnosi	-
NAME	l			T ADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP TITLE			6.1 TITLE			Change	☐ Addition	1
NAME .			6.2 NAME					
FTREET ADDRESS				T ADDRESS				1
<b>t</b>	]		6.4 CITY-S	1				
€ITY-ST-ZIP								

4. I hereby 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 changed, or on an attachment with an address, with all other like empowered.