

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90011 002 ***150.00

DOCUMENT # 617269

1. Corporation Name
COMPUTER CAR CARE, INC.

Principal Place of Business
1909 N WASHINGTON BLVD.
SARASOTA FL 34234-4597

Mailing Address
1909 N WASHINGTON BLVD.
SARASOTA FL 34234-4597



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1979

4. FEI Number

59-1899221

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4100 N. WASHINGTON BLVD

Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL

Zip

24 34234

Country

25 USA

2a. Mailing Address

26 4100 N. WASHINGTON

Suite, Apt. #, etc. BLVD

27 City & State

28 SARASOTA FL

Zip

29 34234

Country

30 USA

9. Name and Address of Current Registered Agent

CUTTLER, MICHAEL A.
1909 N WASHINGTON BLVD.
SARASOTA FL 34234

10. Name and Address of New Registered Agent

81 Name

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

83 4100 N. WASHINGTON BLVD

84 City

SARASOTA

FL

85 Zip Code

34234

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CUTTLER, MICHAEL A.
STREET ADDRESS 734 SIESTA KEY CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE TDS ☐ DELETE
NAME CUTTLER, MARCIA
STREET ADDRESS 734 SIESTA KEY CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE
NAME CUTTLER, LEONARD R.
STREET ADDRESS 5408 EAGLES POINT CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-99 941-365-0466

Date

Daytime Phone #

CR2E034 (11/98)