**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

848025

CAR KEM PRODUCTS, INC.

ADMENDED REPORTE

FILED

99 OCT -8 PM 1:59

SECRETARY OF STATE TALLARY SEEE, FLORIDA

Principal Pla	ce or Business	Mailing Address			(8			
	astline Road	215 Coastl:	ine R	Road		Va		
Sandor	d FL 32771-6631	Sanford, Fi	327	71-6	6631	DO NOT WRITE IN THIS	SPACE	
1						3. Date Incorporated or Qualifed		
						01/21/1981		
2. Principal	Place of Business	2a. Mailing Address	•		<del></del>	4. FEI Number	Ar	plied For
21		26				52-0625286		ot Applicable
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.						Additional
22		27			,	5. Certifcate of Status Desired	Fee Ro	equired
City & Sta	ate	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year in	tangible	
24	25	29	30			Personal Property Tax.	☐Yes	□No
ļ	9. Name and Address of Curren	t Registered Agent		ļ.,		10. Name and Address of New Registered	Agent	
				81  Na	me			
	LaFleur, Martyn			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
	215 Coastline Ro							
1	Sanford, FL 3277	1		83				
				84 Cit	<del></del>		Teel 3:- 4	0-4-
				OT CIT	y	FL	_   85   Zip (	Code
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the al	bove-nan	ned corpo	ration submits this statement for the purpose of	changing its	registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was i tions of Section 607 0505. Ft	authorized orlda Stati	l by the c	orporation	ration submits this statement for the purpose of i's board of directors. I hereby accept the appoi	ntment as re-	gistered
1		, , , , , , , , , , , , , , , , , , ,	J., GG - GW.					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT	E: Registered	Agent signa	ture required :	when reinstating) DATE		
12.	OFFICERS AN		13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE	TT:		☐ Change	☐ Addition
NAME	LaFleur, Martyn		12 NA	ME	-	•		
STREET ADDRESS	1110 No. Peninsi	ula Ava	1.3 ST	REETADDR	ESS	200003018	(702	
CITY-ST-ZIP	Now Course Book	Jia Ave.		TY-ST-ZIP		-10/13/33		
TITLE	New Smyrna Beach	The terms of the t	2.1 717			*****61.25	Rt Shinksi:	F. T. Settition
NAME	ן סוט		22 NA			***************************************		OPACO
STREET ADORESS	LaFleur, Patric	la .		REET ADOR	ree l			
CITY-ST-ZIP	1110 No. Peninsu New Smyrna Beach	lla Ave.		NEC   ADUR TY-ST-ZIP	E33			
TITLE	V Smyriia Beach	DELETE	3.1 TIT	*	<del> </del> +-		Change	Addition
NAME	Molitchus Walte		3.2 NA				C ounde	
	Melitshka, Walte   173 Havilland St	T E. Ul'.						
STREET ADDRESS			1	REET ADOR	ESS			
CITY-ST-ZIP	Longwood, FL 32	2779 □ DELETE		TY-\$T-21P			Chance	<b>62</b> 1 A alaku:
TITLE		T DEFE IE	4.1 111		V	:	Change	Addition
NAME			4.2 NA		St	<u>i</u> ckels, David E.		
STREET ADORESS	1			REET ADDR	<sup>:∞</sup>  20	7 Canterclub Trail		
CITY-ST-Z#P				Y-ST-ZIP		ngwood, FL 32779		
TITLE		☐ DELETE	5.1 TIT		V	•	Change	Addition Addition
NAME			5.2 NA		Lu	cido, Greg C.		
STREET ADDRESS	;[		5.3 STI	REET ADDRE	88 92	17 Neptunes Basin Ct.		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	Bo	ca Raton. FL 33434	•	
TITLE		☐ DELETE	6.1 TIT	LÉ			☐ Change	☐ Addition

6.4 CITY-ST-ZIP 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 algorature 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.

62 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

WITH WATHER M. H. LaFleur, Pres.

09/01/99

(407) 323-5626

Change

☐ Addition