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PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F18257

(8)

FILED May 11 1998 8:00am Secretary of State

	A-CAR LE		IG, INC.		MA-	ailing Addrose								
Principal Place of Business Mailing Address 6222 US HWY 301 S. 6222 US HWY 301 S. POB 1381 ROS 1381 RIVERVIEW FL 33569-1005 RIVERVIEW FL 33569-1005											DO NOT WRIT	E IN THIS	SPACE	
us 3897 us 31											3. Date Incorporated or Qualified			
2. Principal P	Place of Bus	iness	·		28.	Mailing Address					02/03/1981 4. FEI Number			pplied For
	us l		. 30l	S.	26	baaa us	Hwy	3	ol S	ò.	59-2877047		P	ot Applicable
Suite, Apt.	#, etc.			·	27	Suite, Apt. #, etc.		ļ— -			5. Certificate of Status Desired			Additional equired
City & Stat		FL	33569	ì	28	City & State River view	FL	•			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24 3356			Ountry USA	2	29	^{Zip} 33569	30	untry			This corporation owes or has p Personal Property Tax due Jun	aid the cur	rent year In	
		e and			Regisi	tered Agent		81			10. Name and Address of New R	egistered .	Agent	
ALLEN, DANIEL S									Nam	ė				
6222 US HWY 301 S								82	Stree	t Addr	ess (P.O. Box Number is Not Accepta	ıble)		 -
RI\	verview f	L 335	69					83	 					
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1								84	City			FL	85 Zip	Code
11. Pursuant	to the provi	sions c	Sections	607.0502	and 60	07.1508, Florida State	ules, the	abov	e-name	d corp	oration submits this statement for the	purpose of	changing i	ts registered
office or r agent La	regi ste rod a ım f a miliar v	igent, c vith, an	r both, in t d accept t	he State of he obligati	' Floric oris of	fa. Such change was , Section 607.0505, f	s authorizi Torida Sta	ed by alute	y the co s.	orporadi	on's board of directors. I hereby acce	ept the app	ointment as	registered
SIGNATURE														
	Signaturn, type	d or print							ent signati	re require	ed when reinstating)	DATE AND	SOLDEDTO	,
12. TITLE	PD		ULL	ERS AND	DIREC	DELETE	13	TITLE			ADDITIONS/CHANGES TO OFF	CEHS AND	Change	Addition
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CITY-ST-ZIP	<u> </u>			·					ST - ZIP					
dd Lharaby	codify that t	ha into	o otion nu	طائب الامتاحيد	this fi	ting days not qualify	for the ex	(OP)	tion etc	tod in	Section 119.07(3)(i), Florida Statutes.	I further on	etifu that the	information

Interest certify that the information supplies with this little 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 is run 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 postoration 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 pringed, or on an attachment with an address.