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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnami

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

1. Corporation Name

F18810

(4)

CAR-COMM, INC.

OAN O	NAMA! 1140.				
Principal Place	of Business	Mailing Address		a taderian eine trans (aum etran san)	· · · · · · · · · · · · · · · · · · ·
10111B IRONWOOD RD. P.O.BOX 12602 (LAKE PARK. FL.33403) PALM BCH. GARDENS FL 33410		10111B IRONWOOD RD. P.O.BOX 12602 (LAKE PARK. FL33403) PALM BCH. GARDENS FL 33410			
				 Date incorporated or Qualified 02/09/1981 	3a. Date of Last Report 02/06/1995
2. Principal Pla	ce of Business	2a. Maiing Address 26		4. FEI Number 59-2314487	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		City & State	,	6. Election Campaign Financing	Fee Required 55.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it Florida Statutes Yes	ntangible tax under s. 199.032, ☐ No
24	25 9. Name and Address of Current	29 Registered Agent	30	10. Name and Address of New R	
	3, Haine and Address of Collecti	Annaise Hani	81 Name		
WATERL	MAN, STEVEN C		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
10111B IRONWOOD RD.			<u></u>		
PALM B	CH. GARDENS FL 33410		83		
			84 City		FL 85 Zip Code
or registere familiar wit	o the provisions of Sections 607,0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	ia. Such change was author	ized by the corporation's but	ration submits this statement for the pur ard of directors. I hereby accept the appr	mose of changing its registered office
SIGNATURE .	Signature, typed or ponteri name of regularized agent	are filte Pappidation (fall). Flegistered Agent signature is quit		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES 10 OFF	ICERS AND DIRECTORS IN 12
THLE	PD	☐ DELETE	1 1 TITLE		Charge Navion
NAME	WATERMAN, STEVEN C. 704 CINNAMON RD.		1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS	N. PALM BEACH FL		1.4 City - \$1 - ZiP		
CITY - ST - ZIP TITLE	VD	[] DELETE	2 1 11/1.5		Change Addition
NAME	HOWARD, WILLIAM		2.2 NAME		
STREET ADDRESS	3630 FLORIDA BLVD		2.3 STREET ADDRESS		
CITY-ST-Z:P	N. PALM BEACH FL		2.4 CHY+ST-ZIP		
TITLE	STD	☐ DELF1E	3 1 TU;E		Cnange Addition
NAME	WATERMAN, STEPHANIE J.		3.2 NAME		
STREET ADDRESS	704 CINNAMON RD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS FL	ET DELETE	3.4 C·1Y - ST - ZiP		Change Addition
TiTLE		DELETE	4 1 111LE		
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CHY+ST+ZIP 5.1 TITLE		Change Addition
TITLE			5 2 NAME		 -
NAME CTREET ADDRESS			53 STREFT ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
0.714 67 710			6.4 City St. 7IP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 eath; 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

SIGNATURE: STEPLATED SUBTESTINA SE DE SEASURES SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 4076940868