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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Colporation	MENT # G9666 USED CARS, INC.	31				SEURE J TALLAHASSE OF ST	8: 16 ATE	
Principal Place	e of Business	Mailing Address				4 184111 MAIN MIND MIND MIND MIND MIND MIND	At Midde Brillip delbri delbit d	/1 0 ((0103) (60)
3918 MOORES STATION RD. SANFORD FL 32771 US		3918 MOORES STATION RD. SANFORD FL 32771 US				REINSTATEMENT		
						3. Date Incorporated or Qualifed 04/18/1984	نيوانيان ا	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied SP
21		26				59-2407737		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	ξ \$8.75 / Fee Re	
City & Stat	е	City & State		•		6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	
	Country	Zip	Country			8. This corporation owes the current y	year Intangible ☐ Yes	□No
24	25 9. Name and Address of Cur	29 3	0			Personal Property Tax. 10. Name and Address of New Regis		LIN6
			81	Name		10.		
	IT, ALAN		82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	B MOORES STATION RD. FORD FL 32771							
MAG	FURU FL SZII I		83					
			84	City			E1 85 Zip 0	Code
11. Pursuant office or ragent. La	1. 2/2	. _				ration submits this statement for the purp i's board of directors. I hereby accept the		registered gistered
43	Signature, typed or printed name of registered	agent and lide if applicable (NOTE: R AND DIRECTORS	egistered Agen	i signature r	required v	ADDITIONS/CHANGES TO OFFICE	DATE	DD IN 42
12, TITLE	PD	DELETE	1.1 TITLE		71		☐ Change	Addition
NAME	HUNT, BEVERLY K.		1.2 NAME		Be	VERLY K HUNT		
STREET ADDRESS	1215 W 1ST ST		1.3 STREET	ADDRESS	15	O MAYFAIR CT		
CHY-SI-ZIP	SANFORD FL		1.4 CITY-ST	-ZIP	SA	Nford 71 3277		
THLE		DELETE	21 TITLE				☐ Change	Addition
NAME STUGGE APPROPRIATE			2.2 NAME 2.3 STREET	4000000				
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-S					
TITLE		☐ DELETE	3.1 TITLE	1-4-	\vdash	മനവാവാവ	J D DESIGNATION	
KAME			3.2 NAME			9000030	9901085-	-012
STREET ADDRESS			3.3 STREET	ADDRESS	ļ	****75	0.00 ****	750.00
City-S1-ZiP			3.4. CITY-S	r-ZIP			 _	
TRILE		DELETE	4.1 TITLE		1	9000030		Addition
NAME			4. 2 NAME	.;		F10/227	/9901085-	-013
STREET ADDRESS CHY-ST-ZIF			4.9 STREET 4.4 City-S1			***	8.75 ***	**8.75
TITLE		DELETE	5.1 TITLE	-212	 		Change	Addition
NAME			5.2 NAME					
STREE! ADDRESS			53 STREET	ADORESS	1			
CiTY-\$T-Zi₽			5.4 CITY-ST	-ZIP	<u> </u>			
TITLE		DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				

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 changes; or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF RINTED NAME OF BIGNING OFFICER OR DIRECTOR

407-322-6793 Daytime Phone #

CR2E034 (11/98)