

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

0353259

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # J21183

1. Corporation Name
AUTO CHOICE, INC.

99 JAN -8 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3365 LAKE WORTH RD.
STE 11, 12 AND 13
LAKE WORTH FL 33461
US

Mailing Address
3365 LAKE WORTH RD
STE 11, 12 AND 13
LAKE WORTH FL 33461
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BAXTER, KEITH A.
3365 LAKE WORTH RD
STE 11, 12 AND 13
LAKE WORTH FL 33461

3. Date Incorporated or Qualified

06/23/1986

4. FEI Number

59-2699335

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

600002743336-0
-01/15/99-01019-025
****150.00 ****150.00
FL

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 ☐ DELETE
NAME **PST BAXTER, KEITH**
STREET ADDRESS **1125 OLD DIXIE HWY. T-5**
CITY-ST-ZIP **LAKE PARK FL**

TITLE ☐ DELETE
NAME **V KURTY, GREG**
STREET ADDRESS **662 ANCHORAGE DR.**
CITY-ST-ZIP **NORTH PALM BEACH 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PS** ☒ Change ☐ Addition
1.2 NAME **Baxter, Keith**
1.3 STREET ADDRESS **3365 Lake Worth Rd., #10**
1.4 CITY-ST-ZIP **Lake Worth, FL 33461**

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

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **Meola, Theresa**
3.3 STREET ADDRESS **3365 Lake Worth Rd., #10**
3.4 CITY-ST-ZIP **Lake Worth, FL 33461**

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: **Keith A. Baxter, President** **Keith A. Baxter** 1-5-99 561 433-4182

CR2E034 (1/1/98)