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**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90045 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #** J39571

1. Corporation Name

Import Car Service Inc.

Principal Place of Business

6144 Springer Drive  
Port Richey, FL 34668

Mailing Address

6144 Springer Drive  
Port Richey, FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/86

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6144 Springer Drive

4. FEI Number

59-2787276

Applied For

Not Applicable

22 City & State

27 City & State  
Port Richey, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 Zip Country

25

29 Zip Country

30 34668

USA

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

George Psetas

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

6710 Embassy Blvd. Suite 105

83

84 City

Port Richey,

FL

85 Zip Code

34668

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME Schulz, Wilfried  
STREET ADDRESS 13413 Brooksville Rock Rd.  
CITY-ST-ZIP Brooksville, FL

1.1 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME White, Jesse B.  
STREET ADDRESS 7921 Wallaba Lane  
CITY-ST-ZIP New Port Richey, FL

1.2 NAME ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME Minnerly, Kenneth  
STREET ADDRESS 7609 Valley Court  
CITY-ST-ZIP New Port Richey, FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]* JESSE B. WHITE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7278458657

CR2E034 (11/98)