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

**PROFIT** · CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT #**J86573**

1. Corporation Name

VINTAGE	PARS OF ITTUSVILLE, INC.						
Principal Place	of Business	Mailing Address			t imailia dini carsa acras asur canad tres aran	WIELS DIEST DIEST EST	1 61611 1891
30 S WASHINGTON AVE 3000 CHENEY HIGHWAY							
OI S WASHINGTON AVE TITUSVILLE FL 32780				DO NOT WRITE IN THIS SPACE			
ITUSVILLE F 32780 US						HIS SPACE	
S					3. Date Incorporated or Qualifed 08/03/1987		
2. Principal Pla	ace of Business	2a, Mailing Address		<del></del>	4. FEI Number	Ap	plied For
21		26			59-2963893	_ No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
22 27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				. Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	_ Country	1	8. This corporation owes the current year		
24	25	29 3	0		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Register	ed Agent	
MCCO.	TTED C P(11)		81	Name C	C.R. McCotter II	工	
MCCOTTER, C. R.(111.) 3000 CHENEY HIGHWAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)	<u></u>	
	ILLE FL 32780					_	
111054	ILLE FL 32700		83	}			
			84	City		85 Zip C	Code
office or re agent. I ar	egistered agent, or both, in the State of in familiar with, and accept the obligation	of Florida. Such change was auti tons of, Section 607.0505, Florid	norized by la Statutes	the corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	ppontunent as reg	jistered
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R  D DIRECTORS		nt signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	PST OFFICERS AN	D DIRECTORS  DELETE	13. 1.1 TITLE	<del></del>	ADDITIONS/GITANGES TO GITTOERC	Change	Addition
, ,	ACCOTTER, C. R. 111		1.2 NAME			<b>/</b>	_
STREET ADDRESS 3000 CHENEY HIGHWAY			1.3 STREET ADDRESS				}
<b>.</b>	TITUSVILLE FL 32780						}
CITY-ST-ZIP	TIOS VIELE 1 E SE700	☐ DELETE	1.4 CITY-5	51-219	······································	Change	☐ Addition
			2.2 NAME				_
NAME				T ADDRESS			
STREET ADDRESS			2.4 CITY-	-			٠.٠
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-21		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5		·		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition I
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		□ DELETE	6.1 TITLE		<u> </u>	Change	☐ Addition
NAME			6.2 NAME				
CTOCCT ADDOCCO			6.3 STREE	ET 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RANGE OF THE SIGNING OFFICER OR DIRECTOR

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90091 025 \*\*\*150.00