

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90032 014 ***150.00

DOCUMENT # K67722 ✓

1. Corporation Name

OVIEDO FOREIGN CAR REPAIR, INC.



Principal Place of Business

Mailing Address

39 W. MITCHELL HAMMOCK ROAD
OVIEDO FL 32765
US

99 W. MITCHELL HAMMOCK ROAD
OVIEDO FL 32765
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1989

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3947597

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation owes the current year Intangible

Personal Property Tax

Yes

No

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VAN BOEKHOUT, CORNELIS
99 W MITCHELL HAMMOCK ROAD
OVIEDO FL 32765

81. Name

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

83. City

84. City

FL

85. Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PST
VAN BOEKHOUT, CORNELIS
99 W. MITCHELL HAMMOCK
OVIEDO FL 32765

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

CORNELIS R. VAN BOEKHOUT

4/30/99

(407) 365-6622