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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90162 012 ***150.00

DOCUMENT # L40011									
CAYWOOD ADVANCE CAR CARE, INC.									
	,,								
									(EII GLUI LLEI
Principal Flace of Business		Mailing Address							
5103 E COLONI	5103 E COLONIAL DR								
ORLANDO FL 33	2803	ORLANDO FL 32803 US				DO NOT WRI	TE IN THIS	SPACE	
00						3. Date Incorporated or Qualifed			
						12/26/1989			
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
21		26			<u>59-2982463</u>			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Re		
City & State)	City & State				6. Election Campaign Financing		\$5.00	
23		28			<u> </u>	Trust Fund Contribution -		Added t	Fees
Zip	Country Zip 30 30			Country		This corporation owes the curr Personal Property Tax.	ent year Inta	ngible Yes	XNo
9. Name and Address of Current Registered Agent						10. Name and Address of New F	Registered A	Agent	
			81	Nan	ne				
CAYWOOD, DARRELL				Stre	et Addre	ess (P.O. Box Number is Not Accepta	able)		
7427 WAYLAND BLVD									
ORLA	NDO FL 32809		83	3					
			84	City			FL	85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or registered signal, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered gistered
SIGNATURE							DATE		
			gistered Age	ent signatu	ure required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	ES IN 12
TITLE	D OFFICERS AND			1,1 TITLE		ADDITIONO/OFFACTOR OF	TOLINO TOL	Change	Addition
NAME	CAYWOOD, DARRELL		1.2 NAME		Ì				
STREET ADDRESS	7427 WAYLAND BLVD.		13 STREE		SS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP						
TITLE	D	DELETE	2.1 TITLE					☐ Change	Addition
NAME	CAYWOOD, JOY	'	22 NAME	ME SW					
STREET ADDRE 3S	7427 WAYLAND BLVD.		2.3 STREET ADDRESS		ss				
CITY-ST-ZIP	ORLANDO FL	IDO FL		2. 4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE		\			Change	Addition
NAME	CAYWOOD, GERALD		3.2 NAME						
STREET ADDRESS	······································		3.3 STREET ADDRESS		SS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition
NAME.		į	4. 2 NAME						-

4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-89

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CR2E034 (11/98)