PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90149 037 ***150.00

i. Corporation	MENT # M5825 CAR, INC.	8											
OFIN. A.	OAN, INU												
Principal Flace	e of Business	Mailing Address											
4051 SW 47TH		4051 SW 47TH AVE.											
#103 #103													
DAVIE FL 33314	4	DAVIE FL 33314							E IN TH	IS SPA	ACE		_
						I	e Incorporated or Q /31/1987	ualifed					
2. Principal P	lace of Business	2a. Mailing Address					Number				A	polied For	7
21		26				65	-0017779			_	N	o: Applicable	
Suite, Apt.	Suite, Apt. #, etc.					tificate of Status Des	orod		\$.f.dditional		
22		27				3. Cer	unate of Status Des	si eu	<u></u>		Fee R	equired	┙
City & State	e	City & State				6. Ele	ction Campaign Fina	ancing			\$5.00	May Be	1
23		28				Tru	st Fund Contribution	ı	<u></u> -		Added	to Fees	
Zip	Country	Zip	Cou	intry		8. This	s corporation owes t	he curre	nt year l	Intangi	ble		
24		29	30				so al Property Tax.				Yes	_ <u> </u>	4
	9. Name and Address of Curre	nt Registered Agent				10. Nar	me and Address of	New R	egister:	d Age	nt		4
				81	Name								
WACHMAN, ELLIOT				82	Street A de	dress (P.O. I	Bo (Number is Not	Acceptal	ble)				7
4051 S.W. 47TH AVE							<u> </u>		<u> </u>				_
#103				83									
DAVI	IE FL 33314			84	City					8	5 Zip	Code	\dashv
				Ī	'				F.	ᄔ			
office or n agent. I a	to the provisions of Sactions 607.05 egistered agent, or both, in the State m familiar with, and a scept the oblig	of Florida. Such change was ations of, Section 607.0505, F	authorized orida Stati	d by utes	the corpora	tion's board	of directors. I hereb	y accept	t the ap	ointme	ent as n	eçiistered	
	Signature, typed or printed name of registered ag		E: Registered	Ager	nt signature rec ii	red when remsta	ITI ONS/CHANGES	TO OEE	DATE	AND D	PECT	ORS IN 12	┦ :
12.	OFFICERS AND DIRECTORS DELETE			TLE	1	ADD	TI JNS/CHANGES	10 011	TOLIKO !		Change	Additio	<u>, </u>
TITLE	~	- Deterio	1,2 N/								Ü	_	
NAME	WACHMAN, ELLIOT												
STREET ADDRESS	5900 SW 33RD AVE.				T ADORESS								1
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	DELETE	2.1 TITLE		1-ZIP					Г	Change	Additio	<u>, </u>
TITLE	D WACCINEAN INA		2.2 N/								·		
NAME													
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TITLE		□ Detele	i							ب			
NAME			3.2 NAME										
STREET ADDRÉ SS			3.3 STREE										
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NAME			4.2 N										
STREET ADDRESS			4.3 STREE										
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TITLE		☐ DELETE	5.1 TI								Januarye		
NAME			5.2 N		TADDDESS								
STREET ADDRESS					T ADDRESS								
CITY-ST-ZIP					T-ZIP		<u> </u>				Change	Additio	\exists
TITLE		□ DELETE	6.17								Shange	ب ۸۵۵۱۱۱۵	
NAME :]		62 N	MME									1

CITY-ST-ZIP 14. hereby certify that the informa ion supplied with this filing does not charly 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 feetiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attack ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

945-581-0581