Applied For Not Applicable \$8.75 Additional Fee Recuired \$5.00 May Be

Added to Fees

☐ Yes

Dio

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PORODOGRAGA

Principal Place of Business  Mailing Address  111 ISLAND GROVE DR MERRITT ISLAND FL 32952 US  2. Principal Place of Business 2. DO NOT WRITE IN THIS STAND FL 32952  3. Date Incorporated or Qualified 07/22/1993  4. FEI Number 59-3 195615  5. Certifc ite of Status Desired III 5. Country 2. Supply State 2. Country 2. Supply State 2. Country 2. Supply State 3. Date Incorporated or Qualified 07/22/1993  4. FEI Number 59-3 195615  5. Certifc ite of Status Desired III 6. Election Campaign Financing Trust Fund Contribution  8. This or oproration owes the current year intal Person all Proposery Tax.  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sk ctions 607.0502 and 607.1508, Florida Statules, the above-named or poration submins this statement for the purpose of confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circctors. I hereby accept the apprincipal agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.  SIGNATURE Signature, typad or printed rail no of registered agent and title if applicable.  OFFICERS AND DREETS  11. Pursuant to the provisions of Sk ctions 607.0502 and 607.1508, Florida Statules, the above-named or poration submins this statement for the purpose of confidence of circctors. I hereby accept the application.  (NOT): Registered Agent signature required with when relinating)  DATE  12. OFFICERS AND DREETS  13. ADDITICINS/CHANGES TO OFFICERS AND	1. Corporation Name THE USED CAR FACTORY INC.	0032022					
MERRITT ISLAND FL 32952 US  MERRITT ISLAND FL 3295.2 US  MERRITT ISLAND FL 3295.2 US  3. Date Incorporated or Qualifed 07/22/1993  4. FEI Number 59-3195615  Suite, Apt. #, etc.  5. Certifc ite of Status Desired  City & Sate  City & Sate  City & State  City & State  Country  Zip  Country  24 30 70 25 90 Normal and Address of Current Registered Agent  O'DONNELL, JOHN  111 ISLAND GROVE DR  MERRITT ISLAND FL 32952  MERRIT	Principal Place of Business	Mailing Address		''	BEIIGH: 116 18482 ((1)) 681)1 881		*****
3. Date Incorporated or Qualifed 07/22/1993  2. Principa Place of Business  2. A Mailing Address  2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Mailing Address  3. Date Incorporated or Qualifed 07/22/1993  4. FEI Number  59-3 195615  5. Certifc te of Status Desired □  City & State  City & State  City & State  Country  Zip  Country  2. Zip  Country  3. Direction Compaign Financing □  Trust Fund Contribution  7. Trust Fund Contribution  8. This or poration owes the current year not a Personal Property Tax.  9. Name and Address of Current Registered Agent  0'DONNELL, JOHN  111 ISLAND GROVE DR  MERRITT ISLAND FL 32952  8. Street Ac dress (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named ocrporation submits this statement for the purpose of confice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appoint agent. I am familiar with, and at cept the obligations of. Section 607.0505, Florida Statules  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS ANC DIRECTORS  13. ADDITI INS/CHANGES TO OFFICERS ANC	MERRITT ISLAND FL 32952	MERRITT ISLAND FL 32952		DO NOT WRIT	E IN THIS	SPACE	
21 1 30 W KING ST  26 C. YOX 8 76  Suite, Apt. #, etc.  27  City & State  28 C O C A Country  29 32 43 - 41 6 30 M KING ST  29 32 43 - 41 6 30 M KING ST  29 32 43 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  29 32 44 - 41 6 30 M KING ST  20 Country  21	••				,		
Suite, Apt. #, etc.    Suite, Apt. #, etc.	_ `		8176				_
City & State 23 COUNTY 25 Country 29 3294-4176 30 MARCHAM  9. Name and Address of Current  O'DONNELL, JOHN 111 ISLAND GROVE DR MERRITT ISLAND FL 32952  11. Pursuant to the provisions of Sc ctions 607,0502 and 607,1508, Florida Statutes, the above-named oc rporation submits this statement for the purpose of confice or registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed has no of registered agent and title if applicable.  (NOT): Registered Agent signature req. and when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	Suite, Apt. #, etc.	Suite, Apt. #, etc.					<b>\$8.</b> Fe
Zip Country 24 32-72 25 MacAnn) 29 32-72 20 32-72 21 10. Name and Address of Current  9. Name and Address of Current  Persor al Property Tax.  10. Name and Address of New Registered Agent  81 Name  O'DONNELL, JOHN 111 ISLAND GROVE DR MERRITT ISLAND FL 32952  82 Street Acdress (P.O. Box Number is Not Acceptable)  83 Address of New Registered Agent  84 City  FL  11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of confliction of the corporation submits this statement for the purpose of confliction of the provisions of Sc ctions 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	City & State	City & State	Fe				\$5 Ac
9. Name and Address of Current O'DONNELL, JOHN 111 ISLAND GROVE DR MIERRITT ISLAND FL 32952  82 Street Acdress (P.O. Box Number is Not Acceptable)  83 Registered Agent and Exercise to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of conffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed naine of registered agent and title if applicable. (NOT): Registered Agent signeture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	Zip Country	Zip	· .	A	•	nt year inta	angible Yes
O'DONNELL, JOHN 111 ISLAND GROVE DR MIERRITT ISLAND FL 32952  82 Street Ac dress (P.O. Box Number is Not Acceptable)  83  84 City  F L  11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. It hereby accept the appoint 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. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS		ent Registered Agent		10. Name	and Address of New R	egistere d /	Agent
MERRITT ISLAND FL 32952  84 City  FL  11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of conffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. It hereby accept the appoint 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. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	O'DONNELL, JOHN				Number in Not Accepted	nla)	
11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of coeffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed naine of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	111 ISLAND GROVE DR		62 Stree	it Acdress (P.O. Box	Number is Not Acceptar	oie)	
11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of conffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of circotors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed naine of registered agent, and title if applicable. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND	MERRITT ISLAND FL 32952		83				
office or registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. Thereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed naine of registered agent and title if applicable. (NOT): Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND							85
Signature, typed or printed na ne of registered agent and tute if applicable. (NOT):: Registered Agent signature req. red. when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICERS	office or registered agent, or bolb, in the Sta	te of Florida. Such change was autho	orizea by the cor	d corporation submi poration's board of o	is this statement for the prince tors. I hereby accept	ourpose of the appoin	changii ntment
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	SIGNATURE Standard by broad or protect page of registered a	agent and title if applicable. (NOTid: Rec	nistered Agent signature	e required when reinstating)		DATE	
		790				ICERS AN	ID DIRE
		☐ DELETE	1.1 TITLE				Ch

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90002 012 \*\*\*150.00



			84 City		FL	85 4	p Code
office or re	to the provisions of Sc ctions 607.0502 agistered agent, or bo h, in the State of m familiar with, and accept the obligation	Florida. Such change was ou	thorized by the corporation	oration submits this statemon's board of cirectors. I he	ent for the purpose of reby accept the appoi	changing ntment as	its r egistered reg stered
SIGNATURE		/6/OT 1:	Registered Agent signature require	d when reinstating)	DATE		
	Signature, typed or printed na ne of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGE		ID DIREC	TOF'S IN 12
12.	P OFFICERS AND	DIRECTORS DELETE	1.1 TITLE	7.00mm		Chang	
TITLE		_ DELETE	12 NAME				
NAME	O'DONNELL, JOHN		I				
STREET ADDRE 3S	111 ISLAND GROVE DR		1.3 STREET ADDRESS				Ţ
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-ST-ZIP			Chang	e Addition
TITLE		☐ DELETE	2.1 TITLE			[] Olland	, , , , , , , , , , , , , , , , , , , ,
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				- Addition
TITLE		☐ DEFELE	317ITLE			Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE			Chang	je
NAME			4. 2 NAME				
STREET ADDRE 35			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•	Chang	ge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	<del></del> -	DELETE	6.1 TITLE			Chang	ge Addition
NAME			6.2 NAME				
			6.3 STREET ADDRESS				
STREET ADDRESS			64 CITY-ST-ZIP				
14   hereby c	ertify that the informat on supplied with	this filine does not qualify for		Section 119.07 (3)(i), Florida	Statutes. I further car	tify that th	e 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this port as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attack ment with an address, with a lother like impowered.

SIGNATURE:

SIGNING OFFICEI: OR DIRECTOR