## 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 01, 1999 8:00 am Secretary of State

05-01-1999 90070 039 \*\*\*150.00

r. Corporation	MENT # P94000 CAR CONNECTION, INC.	047056	• • • • • • • • • • • • • • • • • • • •								
Principal Place	of Business	Mailing Address					( 1 <b>69</b> )		<b>ue</b> iii <b>uu</b> iii uuiil us		
1533 S.W. 1ST WAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441								DO NO	T WRITE IN TI	HIS SPACE	
	. · · · ·						06/23/		alifed		
2. Principal Pl	lace of Business	2a. Mailing Address				'	4. FEI Num				oplied For
21		26					65-050	<u>5/13</u>			ot Applicable
Suite, Apt. #, etc. Suite, Apt.			, etc.			, ا	5. Certifcate	of Status Desi	red 🔲		Additional
22		27									equired
City & State	e	City & State				- 1		Campaign Final	ncing	•	May Be
23	28							nd Contribution			to Fees
Zip				untry			·	oration owes th	e current year		
24	25	29	30	,		1		Property Tax.	=	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		04	None		0. Name ar	nd Address of	New Register	ea Agent	
1441	COURT CEDADD N			81	Name	•					
MANSOLILL, GERARD K					Street	Address	Iress (P.O. Box Number is Not Acceptable)				
1533 S.W. 1ST WAY				L			·- ···				
DEERFIELD BEACH FL 33441				83	ļ					•	
				84	City				F	EL 85 Zip	Code
office or n agent. I as SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation of the state o	of Florida. Such change wations of, Section 607.0505	as authorize	d by tutes	the corp	oration's	Doard of dire	this statement t ectors. I hereby	accept the ap	ponument as re	egistered
12.	OFFICERS A	ND DIRECTORS	13.	,			ADDITION	IS/CHANGES 1	O OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PDT	☐ DELETI	E 1.1 T	ITLE						☐ Change	☐ Addition
NAME	ITILIA AL INCIDENTAL AL INCIDE			1.2 NAME							1
STREET ADDRESS			1.3 STREET ADDRESS		<u>,  </u>						
			1.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE			2.1 TITLE						☐ Change	Addition	
Į	_ · · ·		2.2 NAME		1						
NAME	MANSOLILL, DENNIS P					.]					
STREET ADDRESS	1533 S.W. 1ST WAY				TADORESS	<b>'</b> ]			٠	_	~ .
CITY-ST-ZIP	DEERFIELD BEACH FL 33441			CITY-S	T-ZIP	<del> </del>				[ ] Change	Addition
TITLE		☐ DELETI								onlinge	
NAME			3.2 N								
STREET ADDRESS			3.3 S	TREE	F ADDRESS	3					}
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE	-	☐ DELET	E 4.1 T	TILE		1				☐ Change	☐ Addition
NAME			4.21	NAME					i		
STREET ADDRESS			4.3 S	TREE	T ADDRESS	\$					
CITY-ST-ZIP				TY-S	T-ZIP			<u>, , , , , , , , , , , , , , , , , , , </u>			
TITLE		☐ DELETI	E 5.1 T	M.E						Change	☐ Addition
NAME			5.2 N	IAME							'
STREET ADDRESS			5.3 \$	TREE	TADORESS	s					
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP						
TITLE		☐ DELET	E 6.1 T	TTLE						☐ Change	☐ Addition
NAME			6.2 N	IAME		}					ĺ
STREET ADDRESS			6.3 S	TREE	T ADDRESS	s					
OTT OT TIP			6.4.0	ITY-S	T-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 receives of 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: