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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000049465 (5)

CAR COMPANY OF KISSIMMEE, INC.

Principa: Place of Business Mailing Address 2776 N RT. 441 2776 N RT 441 KISSIMMEE FL 34744 KISSIMMEE FL 32744 3a. Date of Last Report 3. Date Incorporated or Qualified 07/05/1994 01/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number PO BOX 1443 59-3253302 540 K HWY 26 Suite. Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State
APORCA FL City & State 6. Election Campaign Financing \$5.00 May Be ALTAMONTE 23 28 Trust Fund Contribution Added to Fees Country 2702  $\overline{\mathcal{C}}$ S ΰS Yes WHO 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LEIPUNER, WALTER 2776 N. RT. 441 **B2** Street Address (P.O. Box Number is Not KISSIMMEE FL 34744 **B3** 

## **FILED** May 05 1997 8:00am Secretary of State Applied For Not Applicable \$8.75 Additional 8. This corporation has liability for intangible tax under s. 199,032,

office or r	egistered agent, or noth, in the State of Protida. m familiar with, and ancept the shigations of S	Such change was au ection 607,0505. Flori	thorized by the corr ria Statutes	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	1 Cotto				0/27/7/
12.	Signarize type of printed rules or registered agonal of title if an illicative. (NOTE  OFFICERS AND DIRECTORS		Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	PLESIDENT	Change Addition
NAME	LEIPUNER, WALTER		1.2 NAME	WALTER LEIPUNET	
STREET ADDRESS	2776 N. RT. 441		13 STREET ADDRESS	540 H HWY 434	_
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY - ST - ZIP	NITAMONTE SPUNGS	FL 32714
TITLE	VP	DELETE	2.1 TITLE		Criange Addition
NAME	O'LOUGTUN		2.2 NAME		
STREET ADDRESS	2776 N RT 441		2.3 STREET ADDRESS		
CITY - ST - ZIP	KISSIMMEE FL		2. 4 CITY - ST - ZIP		
THE		DELETE	3.1 TITLE	*	Change Addition
NAME			3.2 NAME		
			3.3 STREET ADDRESS		
CHY-ST-ZIP			3 4. CITY - ST-ZIP		
TIFLE		DELETE	4.1 TITLE		Change Addition
NAMÉ			4. 2 NAWE		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 T/TLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-\$1-7#			54 CITY: \$7-ZIP		
TOLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME.		
STREET ACCRESS		$\wedge$	6.3 STREET ADDRESS	·	
Crty - St - ZiP			6.4 CITY - ST - ZIP		
14. I do heret	by certify that the information supplied with this	filing dues not qualify	for the exemption s	tated in Section 119.07(3)(i), Florida Statutes.	I further certify that the

I for information indicated on this annual report or suppliemental annual report of the color o

SIGNATURE:

OUPED

Daytime Phone # 0526708