

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1996 ~~1995~~

DOCUMENT # **P94000060247 (1)**

1. Corporation Name

CAR BIZ 2, INC.

Principal Place of Business

3081
~~5801~~ CURRY FORD RD.
ORLANDO FL ~~32812~~ **32806**

Mailing Address

3081
~~5801~~ CURRY FORD RD.
ORLANDO FL ~~32812~~ **32806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

4. FEI Number

59-3266609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWMAN, DARREN
~~5801~~ CURRY FORD RD. **3081 Curry Ford Rd**
ORLANDO FL ~~32812~~ **32806**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 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

(NOTE: Registered Agent signature required when retitling)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D Pres.**
NAME **BOWMAN, DARREN C**
STREET ADDRESS **4611 LARADO PLACE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D**
NAME **BOWMAN, JODY D**
STREET ADDRESS **1665 GREEN MEADOWS LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **See, TREAS** Change Addition
2.2 NAME
2.3 STREET ADDRESS **8015 Landgrove CT.**
2.4 CITY-ST-ZIP **ORLANDO, FL 32819**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **300001819293**
~~05/14/96 01004 007~~

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP *****200.00**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Darren Bowman* **Darren Bowman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-895-0234
Daytime Phone #

5-1-96 PM