

FILED  
Apr 29 1997 8:00am  
Secretary of State

CORPORATION  
ANNUAL REPORT  
**1997-1995**



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

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**

Apply 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>D Pres.</b>
NAME	<b>BOWMAN, DARREN C</b>
STREET ADDRESS	<b>4611 LARADO PLACE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32812</b>
TITLE	<b>D</b>
NAME	<b>BOWMAN, JODY D</b>
STREET ADDRESS	<b>1665 GREEN MEADOWS LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
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	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>See Treas</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>8015 LANDGROVE CT.</b>	
2.4 CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>200002161422</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-05/01/97--01016--048</b>	
6.3 STREET ADDRESS	<b>***165.00</b>	
6.4 CITY-ST-ZIP		

*Handwritten:* RW 4-29-97

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: *[Signature]* **Darren Bowman** Date: **4-29-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date/Day/Mo Year