

FILE NOW: FILING FEE ANNUAL REPORT 1998 ^{150.00} ~~225.00~~

FILED
Mar 17 1998 8:00am
Secretary of State

CORPORATION ANNUAL REPORT
1998 ~~1995~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
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.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

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

01 Name

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

03

04 City

05 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 Darren Bowman DARREN BOWMAN 3-9-98
Signature, typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when installing) 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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	See, TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8015 LANDGROVE CT.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002460134	
6.3 STREET ADDRESS	-03/18/98--01003--004	
6.4 CITY-ST-ZIP	***150.00	

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)(b), 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 any attachment with an address.

SIGNATURE: Darren Bowman Darren Bowman 407-895-0234
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #