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May 13, 1999 8:00 am  
Secretary of State

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CORPORATION  
ANNUAL REPORT

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

1999 ~~1995~~

DOCUMENT # P94000060247 (1)

1. Corporation Name

CAR-BIZ 2, INC.

Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

08/16/1994

4. FEI Number

Applied For

59-3266609 ✓

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE President  Change  Addition  
1.2 NAME 2520 PERSHING OAKS PL.  
1.3 STREET ADDRESS ORLANDO, FL 32806-7377  
1.4 CITY-ST-ZIP  Change  Addition

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

2.1 TITLE Sec. TREAS  Change  Addition  
2.2 NAME 4611 LARADO PL  
2.3 STREET ADDRESS 3015 LANDGROVE CT.  
2.4 CITY-ST-ZIP ORLANDO, FL 32819 32812-1952  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

407-895-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #