

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 011 ***150.00

DOCUMENT #

1. Corporation Name
CAR Plaza of Hollywood, Inc

Principal Place of Business
401 N 60th Ave
Hollywood FL 33001

Mailing Address
8360 W Oakland Park Blvd
Sunrise FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/15/95

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0577817

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MREJEN ARIE PA.
701 W Cypress Creek Rd
Suite 302
FT Lauderdale FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P ☐ Change ☒ Addition
1.2 NAME KADOCH, DAVID
1.3 STREET ADDRESS 8360 W OAKLAND PARK BLVD
1.4 CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME ZOUR ISRAEL
2.3 STREET ADDRESS 12700 BISCAYNE BLVD #202
2.4 CITY-ST-ZIP MIAMI FL

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME JEFF KNITTLE
3.3 STREET ADDRESS 8360 W OAKLAND PARK BLVD
3.4 CITY-ST-ZIP SUNRISE FL 33351

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME JOSE MENDIOLE
4.3 STREET ADDRESS 8360 W OAKLAND PARK BLVD
4.4 CITY-ST-ZIP SUNRISE FL 33351

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME ZIV TIROSH
5.3 STREET ADDRESS 210 174th ST
5.4 CITY-ST-ZIP MIAMI BEACH FL 33140

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME FRANK MIPHER
6.3 STREET ADDRESS 7700 HIGHLANDS CIR
6.4 CITY-ST-ZIP MARIETTA FL 33067

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.F.O.

Date

Daytime Phone #

(954)
5/10/99 749 2030

CR2E034 (11/98)