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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## 1997 P95000049997 (6) DOCUMENT #

CAR-O-RAMA INC.

## **FILED** May 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 21521 \$A\$\$AFRA\$ ROAD 21521 \$A\$\$AFRA\$ ROAD BOCA RATON FL 33433 BOCA RATON FL 33433-3720						
			20			
			•	3. Date Incorporated or Qualified 06/27/1995	3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		NOT APPLICABLE	Not Applica	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	☐ Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
4	g, Name and Address of Curre		30]	Florida Statutes L.  10. Name and Address of New Re	Yes No	
P1 (		ur ueðistelen Håaur	81 Name	10. Name and Address of New He	Alaretan waeur	
EL-SHEIKH, SUSAN J			Traine			
21521 SASSAFRAS ROAD BOCA RATON FL 33433			82 Street A	Address (P.O. Box Number is Not Acceptab	le)	
DUC	UN INTENTE SOTO		83			
1.						
			84 City		FL 85 Zip Code	
agent. I a SIGNATURE				corporation submits this statement for the p oration's board of directors. I hereby accep		
12.	Signature, typed or printed name of registered ag-	ont and title if applicable (NOTE  D DIRECTORS	Registered Agent signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12	
TITLE	I D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addi	
NAME	EL-SHEIKH, SUSAN J		1.2 NAME			
STREET ADDRESS	21521 SASSAFRAS ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE	21 TITLE		Change Addi	
NAME	EL-SHEIKH, AHMAD I		22 NAME			
STREET ADDRESS	21521 SASSAFRAS ROAD		2.3 STREET ADDRESS			
CITY-ST-ZW	BOCA RATON FL 33433	DELETE	2. 4 CITY - ST - ZIP		Change Addi	
TITLE NAME			3.1 T(TLE		Change Addi	
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
OTTY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addi	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addi	
NAME			5.2 NAME		$\mathcal{M}_{i}$ .	
STREET ADDRESS			5.3 STREET ADDRESS		14/12/	
CITY-ST-ZIP		There-	5 4 CITY- ST-ZIP		50	
TITLE		☐ DELETE	61 TITLE	00000220	Change L Addii	
NAME			6.2 NAME	00000220 -06/05/970100	3017	
STREET ADORESS			6.3 STREET ADDRESS	***165.00	<b></b>	
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I do 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 granged, or on an attachment with an address.