## 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

## DOCUMENT # P95000055154

CAR MORI D & TRICK CENTER INC

CAR WO	ned a Thook Center, i	1110.					*
Principal Place	of Business	Mailing Address			I I I I I I I I I I I I I I I I I I I	1111 MB181 B1101 B1581 15001	#IIII #IBI 18E1
8315 CONGRES		8315 CONGRESS ST					
PT RICHEY FL 34668 .PT RICHEY FL 34668					DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
						N THIS SPACE	
					3. Date Incorporated or Qualifed		
		T-2			07/14/1995 4. FEI Number		plied For
	ace of Business	2a. Mailing Address			59-3328085		t Applicable
21		Suite, Apt. #, etc.	·- <u>-</u>		39-3320000		Additional
Suite, Apt. :	#, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Zip	Country	Zip	Cou	intry	8. This corporation owes the current		
24	25	29	30	•	Personal Property Tax.	☐Yes	□No
24	9. Name and Address of Curro	11	124		10. Name and Address of New Reg	stered Agent	
				81 Name			
	enzen, arlene m			82 Street A	Address (P.O. Box Number is Not Acceptable	1	
8315	CONGRESS ST			oz Street A	Address (P.O. Box Number is Not Acceptable	,	
PT R	ICHEY FL 34668			83			
				84 City	•	FL 85 Zip (	Code
11. Pursuant i	to the provisions of Sections 607.05	502 and 607.1508. Florida Stati	ites, the a	bove-named	corporation submits this statement for the pur	pose of changing its	registered
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida. Such change was gations of, Section 607.0505, F	authorized orida Stat	d by the corpo	corporation submits this statement for the pur oration's board of directors. I hereby accept the	e appointment as re	registered gistered
office or re agent. I at	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	te of Florida. Such change was gations of, Section 607.0505, F	authorized orida Stat	d by the corpo	oration's board of directors, I nereby accept in	DATE DATE	gistered
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was gations of, Section 607.0505, F	authorized orida Stat	d by the corpo	equired when reinstating)	DATE DATE	gistered
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CITY-ST-ZIP ... 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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

245 H 164

TITLE

NAME STREET ADDRESS

Apr 09, 1999 8:00 am Secretary of State

☐ Change

Addition

04-09-1999 90048 040 \*\*\*150.00