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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000082336

1. Corporation Name

COWART AUTO TAG AGENCY, INC.

Principal Place	e of Business	Mailing Address							
20 WEST 49TH	STREET	20 WEST 49TH STREET							
SUITE B			SUITE B			DO NOT WRITE IN THIS SPACE			
HIALEAH FL 33012		HIALEAH FL 33012	HIALEAH FL 33012						
						3. Date Incorporated or Qualifed 10/26/1995			
2. Principal Pl	ace of Business	2a. Mailing Address			ų.	4. FEI Number		_ A	pplied For
21		26	26			59-2013905		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	California Status Desired	Ü .	\$8.75	Additional
22		27	27			5. Certifcate of Status Desired	Н	Fee R	lequired
Çity & State	9	City & State	-			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curre	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Curr			T		10. Name and Address of New R	egistered A	gent	
				81	Name				ŀ
MATI	lin, Brian					blo)			
2809 BIRD AVENUE					Street Addre	ess (P.O. Box Number is Not Acceptal	DIB)		
SUITE 124				83					
MIAMI FL 33133									
	, 2 22.122			84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	tutes, the a	bove	-named corpo	oration submits this statement for the	purpose of o	hanging it	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was	s authorized	αbνι	ine corporatio	on's board of directors. I hereby accept	t the appoin	tment as r	egistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered a			d Agent	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	OPS IN 12
12.		AND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFF	TOERS AN	Change	
TITLE	D	_ DELETE	1.1 Ti					₩	
NAME	COWART, LON		1.2 N						ŧ
STREET ADDRESS	20 WEST 49TH ST.		1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33012			ITY-ST	-ZIP				C 4 4 4 2 2 - 1
TITLE					1			Change	
NAME		☐ DELETE	2.1 T	TLE	t			Change	Addition
		☐ D€LETE	2.1 Ti 2.2 N				-	Change	Addition
STREET ADDRESS		☐ DELETE	2.2 N	AME	ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP			2.2 N 2.3 S	AME	1				
ì		☐ DELETE	2.2 N 2.3 S	AME TREET	1			☐ Change	
CITY-ST-ZIP			22 N 23 S 2.4 C	TREET ONY-51	1				
CITY-ST-ZIP			2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	IAME TREET CITY-\$1 TILE IAME	1				
CITY-ST-ZIP TITLE NAME STREET ADDRESS			2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si	IAME TREET CITY-\$1 TILE IAME	T-ZIP ADORESS			Change	[*] Addition
CITY-ST-ZIP TITLE NAME			2.2 N. 2.3 Si 2.4 C 3.1 Ti 3.2 N 3.3 Si	TREET OTY-SI THE TREET TREET OTY-SI	T-ZIP ADORESS				[*] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 N. 23 S' 2.4 C 3.1 TI 32 N 3.3 S' 3.4 C	TREET OTY-SI THE TREET TREET OTY-SI	T-ZIP ADORESS			Change	[*] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 N. 23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	AME TREET CITY-SI TILE TREET CITY-SI TILE TREET	T-ZIP ADDRESS T-ZIP			Change	[*] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 N. 23 S' 2.4 C 3.1 TI 32 N. 33 S' 34. C 4.1 TI 4. 2 N. 4.3 S'	ITREET OTY-ST TITLE ITREET OTY-ST TITLE VAME	T-ZIP ADDRESS T-ZIP ADDRESS			Change	[*] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	22 N. 23 S' 2.4 C 3.1 TI 32 N. 33 S' 34. C 4.1 TI 4. 2 N. 4.3 S'	TREET OTY-ST TILE HAME OTY-ST TILE NAME OTREET OTTY-ST	T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	22N 23S' 2.4C 3.1 TI 32N 3.3 S 3.4. C 4.1 TI 4.2 N 4.3 S' 4.4 C	TREET OTTY-ST TITLE TREET OTTY-ST TITLE TREET OTTY-ST TITLE TREET OTTY-ST TITLE	T-ZIP ADDRESS T-ZIP ADDRESS			Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETE	22N 23S' 2.4C 3.1 TI 32N 33S 34.C 4.1 TI 4.2N 4.3S' 44C 5.1 TI 52N	ITREET OTY-ST TILE ITREET OTY-ST TILE VAME OTREET OTY-ST TILE UNITE OTY-ST TILE UNITE OTY-ST	T-ZIP ADDRESS T-ZIP ADDRESS -ZIP			Change	Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	22N 23S' 2.4C 3.1 TI 32N 3.3 S' 3.4. C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S'	TREET TITLE	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS		☐ DELETE	22N 23S' 2.4C 3.1 TI 32N 3.3 S' 3.4. C 4.1 TI 4.2 N 4.3 S' 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C	TREET TITLE TAME TREET TITLE TREET TITLE TREET TITLE TREET TITLE	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			Change	Addition Addition

14. I hereby certify that the information supplied with this filing does not quarty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 in 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

G OFFICER OR DIRECTOR