

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

DOCUMENT # P95000090552 (7)

1. Corporation Name

CARS OF CENTRAL FLORIDA INC.

96 JAN 22 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

~~23 TROTTERS CIRCLE~~
~~KISSIMMEE FL 34743~~

~~23 TROTTERS CIRCLE~~
~~KISSIMMEE FL 34743~~

2. Principal Place of Business

2a. Mailing Address

21 165 W KEEN ST

26 165 W KEEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 KISSIMMEE FL

28 KISSIMMEE FL

24 Zip Country

29 Zip Country

34741 U.S.A.

34741 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/27/1995

3a. Date of Last Report

4. FEI Number

59-3349156

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

MYLEMANS, MAURICE E

~~23 TROTTERS CIRCLE~~
~~KISSIMMEE FL 34743~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

165 W. KEEN ST

83

84 City

KISSIMMEE

FL

85 Zip Code

34741

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 true if acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MYLEMANS, MAURICE E
STREET ADDRESS 23 TROTTERS CIRCLE
CITY-STATE-ZIP KISSIMMEE FL 34743

TITLE V ☐ DELETE
NAME MYLEMANS, DOROTHY
STREET ADDRESS 23 TROTTERS CIRCLE
CITY-STATE-ZIP KISSIMMEE FL 34743

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP
000001701510
-01/30/96--01084--021
****200.00 ****200.00

2 1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE E. MYLEMANS Jan 14/96 407-944-9400

Date Daytime Phone #

CR2E034 (12/95)