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

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

05-17-1999 90081 008 ***150.00

i. Corporatio	IMEN F P9500 IOTOR CARS, INC.	00951	02					
Principal Place of Business Mailing Address						4 IOMESIONE ISTA SOLDE MESTI ANTIS OFFICE ANTIS I	(416);	8)(40)(8)(9) (FB)
1172 DEER LAKE CIRCLE 1172 DEER LAKE CIRCLE APOPKA FL 32712 APOPKA FL 32712								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						12/14/1995		
Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
26						59-3362227		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	,	5 Additional Required
City & State			y & State			6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country Zip			Country		8. This corporation owes the current year		-
4				30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Cu	rrent Registere	d Agent	81	Name	10. Name and Address of New Registe	red Agent	
BURGETT, KIMBERLY C 1172 DEER LAKE CIRCLE APOPKA FL 32712				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				84		FL 85 Zip Code		
office or r	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. S	uch change was auth	orized by	the corpora	rporation submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing opointment as	its registered registered
SIGNATURE		100 %	Wote a			ired when reinstating) DATI	 	
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS				nt signature requ	ADDITIONS/CHANGES TO OFFICERS		TORS IN 12
TITLE	PD DELETE			13.		100111011011111020 10 0, 110211	☐ Chang	
NAME	BURGETT, KIMBERLY C			1.2 NAME	ļ			
STREET ADDRESS 1172 DEER LAKE CIRCLE				1.3 STREET	T ADDRESS			
CITY-ST-ZIP APOPKA FL 32712			1.4 CITY-ST-ZIP					
TITLE			☐ DELETE	2.1 TITLE			☐ Chang	je 🔲 Addition
NAME				2.2 NAME				•
STREET ADDRESS	10			2.3 STREET	TADDRESS			
CITY-ST-ZIP				2.4 CITY-S	ST-ZIP			
TITLE	·		☐ DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	TADDRESS			
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE			☐ DELETE	4.1 TITLE	ĺ		Chang	e 🗌 Addition
NATAE				4 2 MANE				

6.4 CITY: ST: ZIP 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ Change

Change

Addition

☐ Addition