

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90066 028 ***150.00

DOCUMENT # P96000035186

1. Corporation Name
ANY CAR FOR LESS, INC.

Principal Place of Business
3701 BOCA POINTE DR
SARASOTA FL 34238
US

Mailing Address
3701 BOCA POINTE DR
SARASOTA FL 34238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number
65-0681697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 431 South Creek Dr.

Suite, Apt. #, etc.

22 City & State
23 Osprey Florida
24 34229 Zip
25 USA Country

2a. Mailing Address

26 431 South Creek Dr.

Suite, Apt. #, etc.

27 City & State
28 Osprey Florida
29 34229 Zip
30 USA Country

9. Name and Address of Current Registered Agent

KAPLAN, MARVIN
3701 BOCA POINTE DR
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

82 Street Address (R.O. Box Number is Not Acceptable)
431 South Creek Dr.

83

84 City

Osprey

FL

85 Zip Code
34229

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KAPLAN, MARVIN
STREET ADDRESS 3701 BOCA POINTE DR
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME Barry Seidel
STREET ADDRESS 1730 S. Tamiami Trail
CITY-ST-ZIP Sarasota, FL 34231

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 431 South Creek Dr

1.4 CITY-ST-ZIP Osprey Florida 34229

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME V. Pref. Barry Seidel

2.3 STREET ADDRESS 1730 S. Tamiami Trail

2.4 CITY-ST-ZIP Sarasota, FL 34231

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

941-966-4474

Date

Daytime Phone #

CR2E034 (11/98)

0482481