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FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90013 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000100433

1. Corporation Name
CAR & TRUCK SELECTORS, INC.



Principal Place of Business
~~6113 EAST COLONIAL DRIVE
 ORLANDO FL 32807~~

Mailing Address
~~6113 EAST COLONIAL DRIVE
 ORLANDO FL 32807~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1996

2. Principal Place of Business

2a. Mailing Address

21. **2400 Forsyth Rd.**

26. **2400 Forsyth Rd**

4. FET Number
59-2968709

Applied For
 Not Applicable

22. Suite/Apt. #, etc.
102

27. Suite/Apt. #, etc.
102

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

23. City & State
ORL. FL.

28. City & State
Orlando FL

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

24. Zip **32807** 25. Country **ORANGE**

29. Zip **32807** 30. Country **Orange**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TORRES, CESAR
 6113 EAST HIGHWAY 50
 ORLANDO FL 32807~~

81. Name **Jose Sanchez**
 82. Street Address (P.O. Box Number is Not Acceptable)
6000-102 scotchwood Glen Ct.
 83.
 84. City **Orlando** 85. Zip Code **FL 32822**

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 **Jose Sanchez** + **ADA M LOPEZ** DATE **3/11/99**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, CESAR	
STREET ADDRESS	6113 EAST HIGHWAY 50	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, CESAR O	
STREET ADDRESS	6113 EAST HIGHWAY 50	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DEL MAR TORRES, CORAL	
STREET ADDRESS	6113 EAST HIGHWAY 50	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, ARAMIS H	
STREET ADDRESS	6113 EAST HIGHWAY 50	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ADA M	
STREET ADDRESS	6113 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jose Sanchez	
1.3 STREET ADDRESS	6000-102 scotchwood Glen Ct.	
1.4 CITY-ST-ZIP	Orlando, Florida 32822	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Idania Sanchez	
2.3 STREET ADDRESS	6000-102 scotchwood Glen Ct.	
2.4 CITY-ST-ZIP	Orlando FL 32822	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Jose Sanchez** DATE: **3/11/99** (207) 350-9152
Signature and typed or printed name of signing officer or director. (Note: Signature required)