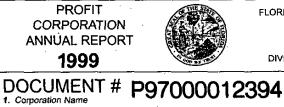
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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90073 025 ***150.00

OOLLILI	R AUTO FINANCING, INC.							
Principal Place	e of Business	Mailing Address			f ibations tin inti india nous dust	ANT PARTIES STA	510 KARO II	110 10111 0101 1001
2390 J & C BO	DULEVARD	2390 J & C BOULEVARD			Ì			
NAPLES FL 34109 NAPLES FL 34109					DO NOT WRITE	E INI THIS S	DACE	-
					3. Date Incorporated or Qualifed	E IN THIS S	PACE.	
	·				02/06/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21					59-3420792			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		-				5 Additional Required
22		27						
City & Stat	e e	City & State			6. Election Campaign Financing			May Be
23		28	Coun		Trust Fund Contribution	at was Into		ed to 1 ees
Zip	Country	Zip	—¬	uy	This corporation owes the current Personal Property Tax.		ngible □Yes	₩INo
24	25 25 Curre		30		10. Name and Address of New Re			
	9. Name and Address of Curre	nt Registered Agent		31 Name	10. Name and Address of New York	8.0.0.0		
CAR	TER, ANTHONY P		Ļ					
	CUTTY SARK LANE		- 1	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	LES FL 34104		}	83				

	•		Γ	84 City		FL	85 Z	ip Code
SIGNATURE	Claresture based or printed some of registered ad-	ent and title if annicable (NOTE:	Registered	gent Signature require	ed when reinstating)	DATE		
SIGNATURE	,	ND DIRECTORS	13.	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF			
12.	OFFICERS AI						D DIREC	
12.	OFFICERS AI PTD CARTER, ANTHONY P	ND DIRECTORS	13. 1.1 TITI 1.2 NAV	E AE				
12.	OFFICERS AI PTD CARTER, ANTHONY P 6620 CUTTY SARK LANE	ND DIRECTORS	13. 1.1 TITI 1.2 NAV	E				
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #