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

DOCUMENT # P97000033284

1. Corporation Name

SELECTIVE AUTOCARS INC.

Principal	Place	٥f	Busines	2	
Lunchbar	LIGOR	01	Dustites		

Mailing Address

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90017 018 ***150.00



	o or business						
6324 BLANDING JACKSONVILLE		6324 BLANDING BLVD. JACKSONVILLE FL 32244					
	`				DO NOT WRITE IN THIS S	SPACE	
					3. Date Incorporated or Qualifed 04/14/1997		
2. Principal P	lace of Business	2a. Mailing Address		^ 4	4. FEI Number	Ar	pplied For
21 772°	7 Aflantic Bluck	26 7727 AHA	inti	c. Bluck	59-3438283	No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75	Additional
22		27		-	5. Certifcate of Status Desired	· · · Fee Re	equired-
City & Stat	Ksonville Fl.	City & State	11	6, F1.	6. Election Campaign Financing Trust Fund Contribution	•	May Be to Fees
Zip	Gountry	Zip	Con	intry	8. This corporation owes the current year Inta-	ngible	
24 3221	1 Z5 UVYAL	29 322 11 30	0 1)LLVA	1 Clocker Topolty Tox:	▼ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
				81 Name			
	IAMS, CHRISTOPHER A			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		•
	5 118TH ST.						
JAC	KSONVILLE FL 32244			83			
				84 City	- FL	85 Zip	Code
						<u> </u>	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was auth	orizec	d by the corporation	oration submits this statement for the purpose of c n's board of directors. I hereby accept the appoin	tment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered	d Agent signature required			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	P	☐ DELETE	1.1 TF	TLE		☐ Change	☐ Addition
NAME	WILLIAMS, CHRISTOPHER A	İ	1.2 N	AME .			
STREET ADDRESS	5895 118TH ST.		1.3 ST	TREET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32218		1,4 CI	ITY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 TI	TLE		☐ Change	☐ Addition
NAME	HOHMANN, COURTNEY			ANG			
STREET ADDRESS	I		2.2 N/	PINC			
	I D3/Z LADIE MD.			TREET ADDRESS			
CITY-ST-7IP -	6372 LADIE RD. JACKSONVILLE FL-32218	•	2.3 ST	TREET ADDRESS	و د سود چار د اسودي	-	
CITY-ST-ZIP TITLE	JACKSONVILLE-FL-32218	DELETE	2.3 ST	TREET ADDRESS	y y the second s	- Change	Addition
TITLE	JACKSONVILLE-FL 32218	DELETE	2.3 ST	TREET ADDRESS CITY-ST-ZIP ·		_ Change	Addition
TITLE NAME		DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N	TREET ADDRESS EITY-ST-ZIP TUE		- Change	Addition
TITLE NAME STREET ADDRESS	JACKSONVILLE-FL 32218		2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TREET ADDRESS SITY-ST-ZIP - TLE AAME TREET ADDRESS	و مسوره و مسور	_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SY-ZIP	JACKSONVILLE-FL 32218	DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C	IREET ADDRESS LITY-ST-ZIP TLE AME IREET ADDRESS LITY-ST-ZIP	* . * * * * * * * * * * * * * * * * * *	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE-FL 32218		2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4. C 4.1 TI	TREET ADDRESS ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP TLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE-FL 32218		2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4. C 4.1 TI 4.2 N	TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE IAME			
TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE-FL 32218		2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	TREET ADDRESS TYP-ST-ZIP TREET ADDRESS SITY-ST-ZIP TLE IAME TREET ADDRESS	•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 CI	TREET ADDRESS TY-ST-ZIP TAME TREET ADDRESS SITY-ST-ZIP TILE IAME TREET ADDRESS ITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE-FL 32218		2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS SITY-ST-ZIP TLE IAME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS	* . * * * * * * * * * * * * * * * * * *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2.4 C 3.1 TI 3.2 N 3.3 ST 3.4. C 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE AME	* . * * * * * * * * * * * * * * * * * *	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2. 4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4. 2 N/ 4.3 S 4.4 CI 5.1 TT 5.2 N/ 5.3 ST	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE IAME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME	* . ** Free - b	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2. 4 C 3.1 TI 3.2 N/ 3.3 ST 3.4 C 4.1 TI 4. 2 N/ 4.3 ST 4.4 CI 5.1 TI 5.2 N/ 5.3 ST 5.4 CI	TREET ADDRESS TY-ST-ZIP TAME TREET ADDRESS STY-ST-ZIP TILE IAME TREET ADDRESS TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE TREET ADDRESS TY-ST-ZIP	* * * * * * * * * * * * * * * * * * *	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST 5.4 CI 6.1 TT	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS	* * * * * * * * * * * * * * * * * * *	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV	TREET ADDRESS TITY-ST-ZIP TLE AMME AMME TREET ADDRESS TITY-ST-ZIP TLE AMME	* * * * * * * * * * * * * * * * * * *	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE TITLE NAME NAME NAME	JACKSONVILLE-FL 32218	☐ DELETE	2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS	* * * * * * * * * * * * * * * * * * *	☐ Change	☐ Addition

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 repeiver 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 chapted, or on an attachment with an address with all other like empowered.

SIGNATURE

CITY-ST-ZIP: