FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000049166 (6)

CARO'S AUTO GLASS, INC.

Principal Place of Business Mailing Address

FILED Apr 24 1998 8:00am Secretary of State



9833 E. COL ORLANDO FI	ONIAL DRIVE L 32617	9633 E. COLONIAL DRIVE ORLANDO FL 32617				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1997	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo	
21		26				59-345/1/3 Not Applic	
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required	al .
City & State		City & State	├ ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	1
Zip 24	Country 25	7ip	Cour	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	
C/	VRO, HECTOR			81	Name		
1988 EXCALIBUR DRIVE ORLANDO FL 32822			Ì	82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
· ·	IDAIDO I C OSOSS		ŀ	83			
			ŀ	84	City	FL 85 Zip Code	
office or a	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized	l by t	named co the corpor	proporation submits this statement for the purpose of changing its register ration's board of directors. I hereby accept the appointment as register	ed
SIGNATURE						ouired when relocation) DATE	
12.	Signature, typed or printed name of registered ag	ent and life if applicable (NOTI ID DIRECTORS	Hegislered	Agent	signature rec	quired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE		1.1 TITLE		Change Add	
NAME	CARO. HECTOR		1.2 NA			_ , _	
STREET ADDRESS					DDRESS		
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CiT				
TITLE	VSD	DELETE	2.1 TIT	LE		Change Add	dilion
NAME	CARO, CARMEN		2.2 NA	ME			
STREET ADDRESS	1988 EXCALIBUR DRIVE		2.3 STHLET ADDRESS		DDRESS	g	
CITY-ST-ZIP			2. 4 Cl	2. 4 CITY - ST - ZIP			
TITLE	DELETE 3.5		3.1 111	LE		Change Add	dition
NAME			3 2 NA				ŀ
STREET ADDRESS			3 3 51	AEET A	DDRESS		
CITY-ST-ZIP	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE		Change Adv	dilion
TITLE						⊏ change □ Au	HOH
NAME			4.2 N/		DDDCOO		
STREET ADDRESS			1		DDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CIT		ZIP	Change Add	dition
NAME			5.2 NAME				
STREET ADDRESS					DDRESS		
CITY-ST-ZIP			4	5 3 STREET ADDRESS 5 4 CHTY-ST-ZIP			
TITLE				INTLE		Change Add	dition
NAME	•	 -	6.2 NA				- 1
STREET ADDRESS					DDRESS		1
CITY-ST-ZIP			6.4 CITY-ST-ZIP		1		
	and for that the information considered	with this filing door not qualify for				in Section 119.07/3)(i). Florida Statutes, I further certify that the informa	tion

indicated on this annual report or supplemental arrival 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 disease ampointed 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 or an attachment with an address.