


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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000064166 (6)**

1. Corporation Name

COUNTRY CARS MANAGEMENT, INC.



Principal Place of Business

Mailing Address

**555 S. FEDERAL HWY., STE. 450
BOCA RATON FL 33432**

**555 S. FEDERAL HWY., STE. 450
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0769112

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 700 EAST SUGARLAND HWY

Suite, Apt. #, etc.

22

City & State

23 CLEWISTON FLA

Zip

24 33440

Country

25 USA

2a. Mailing Address

26 700 EAST SUGARLAND HWY

Suite, Apt. #, etc.

27

City & State

28 CLEWISTON FLA

Zip

29 33440

Country

30 USA

9. Name and Address of Current Registered Agent

**TROYAN, JOHN
555 S. FEDERAL HWY., STE. 450
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

JOHN TROYAN

82 Street Address (P.O. Box Number is Not Acceptable)

4545 SOUTH LAKE DRIVE

83

84 City

BOYNTON BEACH

FL

85 Zip Code

33436

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

John Troyan President JOHN TROYAN

2/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TROYAN, JOHN**
STREET ADDRESS **555 S. FEDERAL HWY., STE. 450**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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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 **JOHN TROYAN** **ADDRESS**

1.3 STREET ADDRESS **4545 SOUTH LAKE DRIVE**

1.4 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE **John Troyan President**

2/18/98

914-912-9585

CR2E034 (10/97)