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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000069124

1. Corporation Name

| Fillicipal Flace of Busine | 3 |
|----------------------------|---|
| 1106 4TH AVE \$ | |
| LAKE WORTH FL 33460 | |
| 110 | |

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90142 031 ***150.00

| GARTS | AUTO HOUSE, INC. | | | | | | | | |
|---|--|--|--|--|---|--|--------------|------------------------|-------------------|
| Principal Place | e of Business | Mailing Address | | | | | | ,,,,, | |
| 1106 4TH AVE LAKE WORTH I | | 1106 4TH AVENUE SOUTH LAKE WORTH FL 33461 | н | | | DO NOT WRITE IN THI | S SPACE | | |
| US | | | | | | 3. Date Incorporated or Qualifed 08/08/1997 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Appli | ed For |
| 21 | | 26 | | | | 65-0762564 | | Not A | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5: Certificate of Status Desired | | '5 Ad 9 Requ | ditional uired |
| City & Stat | te | City & State | | | | 6. Election Campaign Financing | \$ 5. | 00 м | ay Be |
| 23 | | 28 | | | | Trust Fund Contribution | Ado | led to | Fees |
| Zip | Country | Zip | Cour | ntry | | 8. This corporation owes the current year Ir | ntangible | _ | _ |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | Yes | |]No |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered | Agent | | |
| | | · · · · · · · · · · · · · · · · · · · | Ţ | 81 N | Name | | | | |
| 1106 | EATLY, GARY C 6 4TH AVENUE SOUTH | | • | 82 5 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| Laki | E WORTH FL 33461 | | | 83 | _ | | | | ļ |
| | | | | 84 (| City | FI | 85 | Zip Cc | de |
| agent. Fa | am familiar with, and accept the oblig | | | | ignature required | when reinstating) DATE | | · | |
| 12. | <u></u> | ND DIRECTORS | 13. | | - | ADDITIONS/CHANGES TO OFFICERS A | | | Addition |
| TITLE | P WHEATLY, GARY C | ☐ DELETE | 1.1 TIT 1.2 NA | LE | i | | Cha Cha | nge | ☐ Mudition |
| STREET ADDRESS | AAAA ATU AMENINE CONTU | | 1.2 10% | ME | | | _ | | |
| CITY-ST-ZIP | LAKE WORTH FL 33461 | | 1 | ME REET AD | DORESS | | _ | | |
| TITLE | I LAKE WURID EL AMOL | | 13 ST | REET AD | | | _ | | |
| NAME | LAKE WORTH FL 33461 | ☐ DELETE | 13 ST | REET AD 'Y-ST-Z | | | Cha | nge | Addition |
| I TOURL | LAKE WORTH FL 35461 | | 1.3 STI 1.4 CIT | REET AD Y-ST-Z | | · | | nge | Addition |
| CTOPET ADDRESS | | ☐ DELETE | 1.3 STI 1.4 CII 2.1 TII 2.2 NA | REET AD Y-ST-ZI LE ME | ZIP | · · · · · · · · · · · · · · · · · · · | | nge | Addition |
| STREET ADDRESS | | ☐ DELETE | 1 3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI | REET AD Y-ST-Z LE ME REET AD | DDRESS | · · · · · · · · · · · · · · · · · · · | | nge | Addition |
| CITY-ST-ZIP | | ☐ DELETE | 1 3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI | REET AD Y-ST-Zi LE ME REET AD TY-ST-Z | DDRESS | · · · | | · <u>.</u> . | ☐ Addition |
| CITY-ST-ZIP | | | 1 3 STI 1.4 CTI 2.1 TIT 2.2 NA 2.3 STI 2.4 CI | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE | DDRESS | · · | ☐ Cha | · <u>.</u> . | |
| CITY-ST-ZIP TITLE NAME | | | 13 STI 1.4 CFI 2.1 TFI 2.2 NA 2.3 STI 2.4 CFI 3.1 TFI 3.2 NA | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME | DDRESS | , | ☐ Cha | · <u>.</u> . | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 13 STI 1.4 CFI 2.1 TFI 2.2 NA 2.3 STI 2.4 CFI 3.1 TFI 3.2 NA 3.3 STI | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME | DIPRESS ZIP DORESS | , | ☐ Cha | · <u>.</u> . | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 13 STI 1.4 CFI 2.1 TFI 2.2 NA 2.3 STI 2.4 CFI 3.1 TFI 3.2 NA 3.3 STI | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z TY-ST-Z | DIPRESS ZIP DORESS | · · · · · · · · · · · · · · · · · · · | ☐ Cha | nge | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 13 STI 1.4 CTI 2.1 TTI 2.2 NA 2.3 STI 2.4 CCI 3.1 TTI 3.2 NA 3.3 STI 3.4 CCI | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE TY-ST-Z | DIPRESS ZIP DORESS | | □ Cha | nge | Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 13 STI 1.4 CTI 2.1 TII 2.2 NA 2.3 STI 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE AME | DDRESS ZIP DDRESS | | □ Cha | nge | Addition |
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| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 13 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 CII 3.1 TII 3.2 NA 3.3 STI 4.4 CII 5.1 TII 5.2 NA 5.3 ST 5.4 CII 6.1 TII 6.2 NA | REET AD Y-ST-ZI LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE LE ME REET AD TY-ST-Z LE LE ME REET AD TY-ST-Z LE ME REET AD TY-ST-Z LE ME REET AD ME | DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS DDRESS | | ☐ Cha | inge | 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 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.