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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90004 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000084930

1. Corporation Name

DAMAGED VEHICLE MANAGEMENT, INC.

Principal Place of Business

2887 S OSCEOLA AVE  
NO. D-2  
ORLANDO FL 32806

Mailing Address

2887 S OSCEOLA AVE  
NO. D-2  
ORLANDO FL 32806

2. Principal Place of Business

21 14217 Sports Club Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 14217 Sports Club Way  
Suite, Apt. #, etc.

City & State

23 Orlando FL

City & State

28 Orlando FL

Zip Country  
24 32837 25 USA

Zip Country  
29 32837 30 USA

9. Name and Address of Current Registered Agent

WROTEN, BOBBY H JR  
2887 S OSCEOLA AVE  
NO. D-2  
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1997

4. FEI Number

59-3501224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 14217 Sports Club Way

84 City

Orlando

FL

85 Zip Code

32837

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WROTEN, BOBBY H JR  
STREET ADDRESS 2887 S OSCEOLA AVE NO. D-2  
CITY-ST-ZIP ORLANDO FL 32806

TITLE D ☐ DELETE

NAME WROTEN, VICKIE B  
STREET ADDRESS 2887 S OSCEOLA AVE NO. D-2  
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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 D ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 14217 Sports Club Way  
1.4 CITY-ST-ZIP Orlando FL 32837

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 14217 Sports Club Way  
2.4 CITY-ST-ZIP Orlando FL 32837

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/15/99 407.975.0728