Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90043 003 \*\*\*150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000106130

1. Corporation Name

COURTESY FORD, INC.

Principal Place of Business   Mailing Address									
DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address							••••••	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 76-0558 145 Not Applied For Not Not Applied For Not Not Applied For Not Not Pressonal For Not Applied For Not Not Pressonal For Not Applied For Not Not Pressonal For Not	1551 S. DIXIE HWY. 3101 N. STATE RD. 7								
2. Principal Place of Business 2. Mailing Address 4. FEI Number 76-0558145 Not Applied For 76-0558145 Not Applied For 76-0558145 Not Applied For 76-0558145 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired   \$8.75 Additional Fee Required, Apt. #, etc. 3. This corporation owes the current year intangible Personal Property Tax. 3. This corporation owes the current year intangible Personal Property Tax. 3. This corporation owes the current year intangible Personal Property Tax. 3. Name and Address of Current Registered Agent 4. Name 4. Name 4. City FL 85 Zip Code 5. City Site Address (P.O. Box Number is Not Acceptable) 5. Code This Address of New Registered Agent in the provisions of Sections 607.0502 and 607.1508, Florida Statutes. 5. City Site Address (P.O. Box Number is Not Acceptable) 5. City Site Address (P.O. Box Number is Not Acceptable) 6. Election Campaign Financing This Provision on the provisions of Sections 607.0502 and 607.1508, Florida Statutes and Address of New Registered Agent This Provision on the provisions of Sections 607.0502 and 607.1508, Florida Statutes and Address of New Registered Agent This Provision on the provision of Sections 607.0502 and 607.1508, Florida Statutes Agent Agent Agent Agent Age	MIAMI FL 33157 HOLLYWOOD FL 33021					DO MOT MENTS IN THE	0.004.05		
2. Principal Place of Business							SPACE_		
28									
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal Pla	ace of Business	2a. Mailing Address		<b>-</b> -	4. FEI Number	A	applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, etc.   Suite, Apt. #, etc.   Suite,	21		26			76-0558145		lot Applicable	
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.			- سي	-	5. Certifcate of Status Desired			
Zip Country Zip Country Zip Country 28 . This corporation owes the current year intangible Personal Property Tax.   Yes   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    10. Name and Address of New Registered Agent   10. Name and Address of New Registered Agent    10. Name and Address of New Registered Agent    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 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, 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)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12    TITLE   PD	City & State	City & State City & State				1			
24		Country		Country	,	This corporation owes the current year to	ntangible		
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  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 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1: TITLE  PD DELETE 1: TITLE  CARROLL, JAMES S  SIRRET ADDRESS  SITREET ADDRESS  CITY-ST-ZIP  TITLE  T DELETE 2: TITLE  Change Addition	<del></del>	·	- <b>├</b> `	in ´		,	) · · · · · · · · · · · · · · · · · · ·		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 agent, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  CARROLL, JAMES S  STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021  TITLE T DELETE 2.1 TITLE  TITLE T DELETE 2.1 TITLE  Addition				<u> </u>			Agent		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83   Reference   Refer	<del> </del>	or reality and reality and or out of		81	Name				
PLANTATION FL 33324  84 City  FL 85 Zip Code  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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  STREET ADDRESS  3101 N. STATE RD. 7  HOLLYWOOD FL 33021  TITLE  TITLE  Change  Addition	C T CORPORATION SYSTEM								
PLANTATION FL 33324  84 City  FL  85 Zip Code  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, a m 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.  NATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  STREET ADDRESS  3101 N. STATE RD. 7  HOLLYWOOD FL 33021  DELETE  1.1 TITLE  Change  Addition  Change  Addition	1200 SOUTH PINE ISLAND ROAD				Street A	et Address (P.O. Box Number is Not Acceptable)			
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  SIgnature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  HOLLYWOOD FL 33021  DELETE  Change  Addition					<del> </del>				
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)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  STREET ADDRESS  3101 N. STATE RD. 7  HOLLYWOOD FL 33021  14. CITY-ST-ZIP  TITLE  Change  Addition	}			03	1	•			
agent. I am familiar with, and accept the obligations of, Section 607.0505, Floridal Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  STREET ADDRESS  CITY-\$T-ZIP  HOLLYWOOD FL 33021  TITLE  T  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-\$T-ZIP  TITLE  T  DELETE  2.1 TITLE  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  T  Change  Addition	1				1		L   ' '   '		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  CARROLL, JAMES S  12. NAME  12. NAME  STREET ADDRESS  CITY- \$T- ZIP  HOLLYWOOD FL 33021  14. CITY- ST- ZIP  TITLE  T  DELETE  21. TITLE  Change  Addition  Change  Addition	11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation	2 and 607.1508, Florida Statutes of Florida. Such change was aut tions of, Section 607.0505, Florid	s, the abov horized by la Statutes	e-named of the corpor	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the appora-	if changing if pintment as i	ts registered registered	
TITLE	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered Age	nt signature rec	quilet what tellistering?			
NAME	12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A			
STREET ADDRESS         3101 N. STATE RD. 7         1.3 STREET ADDRESS           CITY- ST- ZIP         HOLLYWOOD FL 33021         1.4 CITY- ST- ZIP           TITILE         T         DELETE         2.1 TITLE         Change         Addition	TITLE	PD	<b>—</b>		İ			∄ ∐ Addition	
CITY-\$T-ZIP         HOLLYWOOD FL 33021         1.4 CITY-\$T-ZIP           TITLE         T         □ DELETE         2.1 TITLE         □ Change         □ Addition	NAME	CARROLL, JAMES S		1.2 NAME	]				
CITY-ŞT-ZIP         HOLLYWOOD FL 33021         1.4 CITY-ST-ZIP           ITILE         T         □ DELETE         2.1 TITLE         □ Change         □ Addition	STREET ADDRESS	STREET ADDRESS 3101 N. STATE RD. 7			TADDRESS				
TITLE T DELETE 2.1 TITLE Change Addition	1	HOLLYWOOD FL 33021		1.4 CITY-S	T-ZIP				
		T					☐ Change	a Addition	
IAMIT AMERICA		GILES, JANET L		2.2 NAME	IAME				
STREET ADDRESS 3101 N. STATE RD. 7 2.3 STREET ADDRESS					TADORESS			ı	
- CHOLLYSMOOD EL 20004	_	• · • · • · · · · · · · · · · · · · · ·				* • •			
CITY-ST-ZIP         HOLLTWOOD FL 33021         2.4 city-st-ZIP           TITLE         S         DELETE         3.1 title         Change         Addition			DELETE		J Z.H		☐ Change	∃	

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, on an attachment with an agreess, with all other like empowered.

3.2 NAME

4.1 TTLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TODARO, FRANK R

**HOUSTON TX 77024** 

THOMPSON, SCOTT

**HOUSTON TX 77024** 

**HOUSTON TX 77024** 

COKER, KELLY S

VP D

as d

950 ECHO LANE, STE. 350

950 ECHO LANE, STE. 350

950 ECHO LANE, STE. 350

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISECTOR

DELETE

□ DELETE

DELETE

954981650S

☐ Change

Change

Change

☐ Addition

☐ Addition

☐ Addition

CR2E034 (11/9