

08311999-90002-038-\$550.00-\$550.00


399.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 31, 1999 8:00 am
Secretary of State

08-31-1999 90002 038 ***550.00

09-10-1999 90012 021 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000020451 1. Corporation Name CUSTOM CAB INTERIORS, INC.					
Principal Place of Business 6370 RALEIGH STREET HOLLYWOOD FL 33024			Mailing Address 6370 RALEIGH STREET HOLLYWOOD FL 33024		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/02/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0819737	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CARROLL, JOAN 6370 RALEIGH STREET HOLLYWOOD FL 33024			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
Pres. Joan Carroll 6370 Raleigh St. Hollywood, FL 33024					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
V.P. Joan Carroll 6370 Raleigh St. Hollywood, FL 33024					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
Sec. Joan Carroll 6370 Raleigh St. Hollywood, FL 33024					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
N/A					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
N/A					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
N/A					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____ 8/14/99 (954) 989-9655 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (5/99)