PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90133 028 ***150.00

DOCUI	MENT # P98000	025890			
1. Corporation Name SONIC AUTOMOTIVE COLLISION CENTER OF CLEARWATER,					562891 - 90008 - 18
INC.				I FRANKARI LID IBLOK EDAL DÖNLI BOLIK BOLIK OLIKI KIRAL BIŞÇI IÇINE 1911A 1910A 1910A	
1110-		•			
Principal Place	e of Business	Mailing Address			I (COUNTING INC.) INC. INC. INC. SELVIN CONT. CONT. INC. SELVIN CONT. INC. SELVIN CONT. INC. SELVIN CONT.
2300 DREW STA		2300 DREW STREET	-		
CLEARWATER F	FL 34625	. CLEARWATER FL 34625			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
	·				03/19/1998
2. Principal Pt	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21	·	26			59-3501034 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired 58.75 Additional Fee Required
22	<u> </u>	27 City & State			
City & State		28 City & State			6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year intangible
24	25	29 3	ō		Personal Property Tax.
	. 9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent
MADI	KS. KEN JR.	•	81	Name	
	5 U.S. HIGHWAY 19 NORTH		82	Street A	Address (P.O. Box Number is Not Acceptable)
	ARWATER FL-24623 53745		83		
724					
			B4	City	FL 85 35763
44 Parramet	to the provisions of Sections 607,0502	2 and 607,1508. Florida Statutes	, the above	-named o	corporation submits this statement for the purpose of changing its registered
II. FUISUARIL	D die providione er decement eer recen				
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Florid	horized by la Statutes	the corpor	ration's board of directors. I nereby accept the appointment as registered
office or n agent. 1 at	egistered agent, or both, in the State t m familiar with, and accept the obligat	of Florida. Such change was autilities of, Section 607.0505, Florid	nonzeo by la Statutes	ine corpor	ration's opere of directors. Thereby accept the appointment and appointment an
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office or in agent. 1 at SIGNATURE 12. TITLE NAME STREET ADDRESS	signature, typed or printed name of registered agent of printed name of registered agent OFFICERS AN D SMITH, B S 2300 DREW STREET CLEARWATER FL 34625	of Florida. Such change was autilions of, Section 607.0505, Florid it and little 17 applicable. (NOTE: R D DIRECTORS	la Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	A SIGNALIA PER	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D SYOI E. (NDEPENDENCE BLUD. CHARLOTTE, NO. 28218 V/T/D Change Addition
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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 Appears or trustage-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 will an address, with all other like empowered.