

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90009 025 ***158.75

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000035814 ✓ OK
 Corporation Name

PRIMECAR CORPORATION

Class of Business Mailing Address
 2210 N. Woodland Blvd. P.O. Box 2136
 P.O. Box 2136 Deland, Fl. 32721
 Deland, Fl. 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 4/20/98

4. FEI Number
 59-3522602 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Principal Place of Business 2a. Mailing Address
 26 Suite, Apt. #, etc.
 City & State 27
 Zip Country 28
 Zip Country 29

9. Name and Address of Current Registered Agent
 Beauregard, Jeffrey
 2210 N. Woodland Blvd.
 Deland, Fl. 32720

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

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, to 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 607.0805, Florida Statutes.

Signature: *Jeffrey Beauregard* DATE: 4/29/99

OFFICERS AND DIRECTORS	
D	Beauregard, Jeffrey 2429 East Sr 44 Deland, Fl. 32724 <input type="checkbox"/> DELETE
D	Beauregard, Betsy 1205 N. Thorpe Ave. Orange City, Fl. 32763 <input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Beauregard Jeffrey
1.3 STREET ADDRESS	2210 N. Woodland Blvd.
1.4 CITY-ST-ZIP	Deland, Fl. 32720
2.1 TITLE	S1 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beauregard, Betsy
2.3 STREET ADDRESS	2210 N. Woodland Blvd.
2.4 CITY-ST-ZIP	Deland, Fl. 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VTD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bondesen, Frederic
3.3 STREET ADDRESS	2800 S. Woodland Blvd.
3.4 CITY-ST-ZIP	Deland, Fl. <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	

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: *Jeffrey Beauregard* DATE: 4/29/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-738-9797
 Day Phone

CR2E034 (1/98)