CORPORATION

ANNUAL REPORT

1999

**PROFIT** 

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000046228**

CAR WORLD, INCORPORATED

Principal Place of Business	Mail
886 DUPONT STREET N.E.	886 (
PALM BAY FL 32905	PALM

## FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90008 008 \*\*\*150.00



ing Address DUPONT STREET N.E. BAY FL 32905 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/20/1998 Applied For 2a, Mailing Address FEI Number 2. Principal Place of Business 59-35115 Not Applicable 26 21 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country ..... :8,=This corporation owes,the current year,Intangible, Country -Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CABRAL LARRY C Street Address (P.O. Box Number is Not Acceptable) 886 DUPONT STREET N.E. PALM BAY FL 32905 A3 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE ☐ Change 1: TITLE TITLE LARRY C. CABRAL 12 NAME NAME 886 DUPONT STREET NE 1.3 STREET ADDRESS STREET ADDRESS PALM BAY, FL. 32905 1.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition ☐ Change □ DELETE 2.1 TITLE TILE NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change - Addition DELETE 3.1 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP - Change --- Addition. DELETE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 51 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby cartify 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 attention with a ddress with all other like expowered.

	LARRY C. CHBKAL
SIGNATURE:	1/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Dat   Daytime Phone #