

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90136 014 \*\*\*150.00

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DOCUMENT # P98000049693

1. Corporation Name

CONSUMER CAR CARE TIRE & AUTO CENTER - BEVERLY H  
ILLS, INC.

Principal Place of Business  
3260 NORTH LECANTO HIGHWAY  
BEVERLY HILLS FL 34606

Mailing Address  
4240 COMMERCIAL WAY  
SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3513801

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3983 3260 NORTH LECANTO HWY.

23 City & State

27 Suite, Apt. #, etc.

24 Zip

Country

34465

28 Zip

Country

34465

30

9. Name and Address of Current Registered Agent

ERCOLANO, RAYMOND  
4240 COMMERCIAL WAY  
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81 Name  
ERCOLANO, JR., RAYMOND P.

82 Street Address (P.O. Box Number is Not Acceptable)  
3260 NORTH LECANTO HIGHWAY

83 3983

84 City  
BEVERLY HILLS

FL

85 Zip Code  
34465

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: *Raymond P. Arcolano*

DATE: 3/19/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ERCOLANO, RAYMOND  
STREET ADDRESS 4240 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☐ Change ☒ Addition  
1.2 NAME 3983 ERCOLANO, JR., RAYMOND P.  
1.3 STREET ADDRESS 3260 NORTH LECANTO HIGHWAY  
1.4 CITY-ST-ZIP BEVERLY HILLS, FL 34606 34465

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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: *Raymond P. Arcolano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3-19-99 352-746-1226

Daytime Phone #

CR2E034 (11/98)