PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARISMAT OF STATE

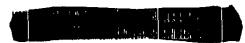
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000057749
4 Semestion Name	P90000001149

THE CAR MEDIC, INC.

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90133 005 ***150.00



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Principal Place	of Business	Mailing Address							ابتلطات	
2839 WEST RAI		2839 WEST RAINBOW CII	ACLE							
SARASOTA FL		SARASOTA FL 34231					DO NOT W	RITE IN THIS	SPACE	
						3. Date Incom	porated or Qualife			
ı					[06/26/19				l
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Numb		9~	- TA	plied For
<u> </u>	igos o dosnicos	26				665-c	<u> </u>	12	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Cartifoota	of Status Desired			Additional
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City & State	e	City & State	_				ampaign Financing	, D		May Be
23		28					Contribution			to Fees
Zip	Country	Zip		intry	==		ration owes the currently Tax.	irrent year int	arylible es	No-
24	25	29	30	<u> </u>			<u> </u>	Registered	7 7	<u> </u>
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name CARL P. ZIEGLER										
WEB	18, CHARLES W				C 71	rikila F.	ZIEGI			
	HILLVIEW STREET			82 Stree	Addres		mber is Not Accep	HBOW	CIRCL	z]
SAR	ASOTA FL			83]
									35 Zip (Code_
				B4 City	SAS	ASOTA		FL	. 3 •	123/
11. Pusuant	to the provisions of Sections 607.05	2 and 607.1508, Florida Statu	tes, the a	bove name	d corpor	ation submits to	is statement for th	e purpose of	changing its	registered
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.				poralion A	's board of direc	tors. I nereby acc	* *.,		- 1
	CARL P. Z	IECLER		Cours	10	Zred.	n	4-20	97	'
SIGNATURE	Signature, typed or printed name of registered ag-			l Agent signatur	(Boutted w			DATE	D DOCOTO	NDC IV.42
12.	,	ID DIRECTORS	13.			ADDITIONS	CHANGES TO C	FFICERS AN	[]Change	Acdition
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NAME	ZIEGLER, CARL P		1.2 N							1
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NAME			1	TREET ADDRES	s					
STREET ADDRESS				TTY-ST-ZIP						
14 Lt ereby (certify that the information supplied w	th this filing does not qualify to	the eve	motion state	ed in Se	ction 119.07(3)	i), Florida Statutes	. I further cer	lify hat the i	nformation
inticated	on this annual report or supplied wi	annual report is true and acc	urate and	that my sig	naturė S	hall have the s	me legal effect as	If made unde	orouth that	ı am an