SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000058386

A AND T CARS INC.

Mailing Address

Principal Place of Business 12450 44TH STREET N. CLEARWATER FL 33762

SIGNATURE:

12450 44TH STREET N. CLEARWATER FL 33762

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90027 009 ***150.00



DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 06/29/1998

2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For	~
21		26				59 3521222 Not Applicable	le
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22	27				· · · · · · · · · · · · · · · · · · ·	Fee Required	_
—	City & State City & State					6. Election Campaign Financing \$5.00 May Be	
28						Trust Fund Contribution	4
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	
24 25 29 30						Intangible Personal Property. Yes No	_
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	_
ODLOWER TONY				81 Name			ļ
ORLOWSKI, TONY				82 Street Address (P.O. Box Number is Not Acceptable)			
2042 CHARTER OAKS DR.							
CLEARWATER FL 33763				83			
				84 (City	FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607.050	2 and 607 1508 Florida State	tee the sh	DV8-02	med comors	ation submits this statement for the purpose of changing its registered	\dashv
office or i	registered agent, or both, in the State	of Florida. Such change was	s authorized) by th	e corporation	n's board of directors. I hereby accept the appointment as registered	
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, f	lorida Stat	utes.			ļ
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable	NOTE: Pasiets	end t-s-	t elegative ment	red when reinstating) DATE	
12.		ID DIRECTORS	13.	reu Agen	ır sığızırnıe sedan	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
nne	D OFFICERS AIN	DELETE	1.1 TIT	T.F.		Change Addition	on.
	ORLOWSKI, TONY	☐ nere ie	1,2 NA			Onlings Addiss	"
AAAA OHAMMA AAAA MA			1.3 STREET ADDRESS		00566	يران و المحاصدة	
STREET ADDRESS	CLEARWATER FL 33763		1				- 1
CITY-ST-ZIP				1.4 CITY-ST-ZIP		Change Addition	_
TITLE	D Labelete TSLOUKIAS, ANDY					TOUKLAS, ANDY	ן ייי
NAME	1949 EAST SKYLINE DR.					sa Charle Call De	
STREET ADDRESS	10.0 - 11.1 - 11.1 - 11.1			23 STREET ADDRESS 1370 Chesterfield Dr. 24 CITY-ST-ZIP Dunedin FL., 34698			
CITY-ST-ZIP					, Do	·	
TITLE	DELETE			3.1 TITLE		Change Addition	ן חנ
NAME			3.2 NA	-			
STREET ADDRESS				REET AD			1
CITY-ST-ZIP	<u></u>			ry-st-zif	·		
TITLE		DELETE	4.1 TIT			Change Addition	חנ
NAME	,		4.2 NA				
STREET ADDRESS	•		4.3 ST	REETAD	DRESS		
CITY-ST-ZIP				TY-ST-ZIF	•		_
TITLE		DELETE	5.1 TIT		İ	Change Addition	חנ
NAME			5.2 NA				
STREET ADDRESS			5.3 STI	REET AD	DRESS		
CITY-ST-ZIP				TY-ST-ZIF	<u> </u>		_]
TITLE		DELETE	6.1 TIT	n.E		Change Addition	วท
NAME			6.2 NA	ME			ĺ
STREET ADDRESS			6.3 ST	REETADI	DRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		6.4 CIT	ry-st-zif	<u> </u>		[
14. I hereby co indicated of an officer of	on this annual report or supplemental	annual report is true and acc ceiver or trustee empowered	curate and t	that my	y signature s	ion 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears	

P9800058386 596672-90027-9 From: A+T Las Inc. Did Not receive 1st notice. Called and spoke with someone concerning being late. Informed to send out paperwork AtT Cars. Ix.