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

05-13-1999 90047 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000067357
 1. Corporation Name

CAR CONNECTION OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address

**7721 BLANDING BLVD.
 JACKSONVILLE, FL 32244**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/98

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3523997

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip -

Country -

28 Zip -

Country -

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

24 Zip -

25 Country -

29 Zip -

30 Country -

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LORI FALCONE
 7721 BLANDING BLVD.
 JACKSONVILLE, FL 32244**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Lori Falcone*

LORI FALCONE, V.PRES

04/30/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	MARK A. FALCONE
STREET ADDRESS	14875 PLUMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	LORI E. FALCONE
STREET ADDRESS	14875 PLUMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	LORI E. FALCONE
STREET ADDRESS	14875 PLUMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	MARK A. FALCONE
STREET ADDRESS	14875 PLUMOSA DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lori Falcone*

LORI FALCONE, V.PRES .04/30/99 (904) 772-0065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)