PROFIT
CORPORATION
ANNUAL REPORT
1999

E. Palatka R 82131

2. Principal Place of Business
11 200 S. Hug 17
Suite, Apt. #, etc.

calothe

22



## FLORIDA DEPARTMENT

Katherine Harris

Secretary of State

W.P.B Pc. 33411

466 Pan c 4 10.
Suite, Apt. #, etc.

WEST DOWN BEN FL

2a. Mailing Address

City & State

DIVISION OF CORPORATIONS

DOCUMENT # P98000092073V

USED CARS INC.

Principal Place of Business Mailing Address

200 S. Huy 17 46 Ranch 10.

27

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00 FEB 21 PH 1:51

SECRE IN IT OF STATE

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10 4. FEI Number 5 9-35 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax.

9. Name and Address of Current Registered Agent
Patricia Dennit
U66 Ranch FC.
West Palm Ben FL. 33411

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83

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 beam of disactors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

E4 City

Shrakely types of present name of registered open Line the Propose SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition RES SECTRES DELETE TITLE 1.1 TITLE PATRICIA DENNIS 600003148636 466 RANCH ROLL W. PAlm Roman NAME 1.2 NAME -02/28/00--01011--80 1.3 STREET ADDRESS STREET ADORESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZP ☐ Addition DELETE ☐ Change 31 TITLE TILE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRES CITY-S1-ZIP 3.4. CITY-ST-ZIP DELETE 3.777 TATEMENT 99 NAME 4.3 STREET ADDRESS STREET ADORESS CITY ST Zir 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME TS NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City-ST-ZIP CITY-ST-71P Change Addition A 1 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 changes, or on an atlationent with an address, with all other like empowered.

SIGNATURE AND TYPED DEPRINTED NAME OF

6/1/28

904.525 0087

Zip Code