0218199B 90108 008 ***150.00 ***150.00

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02-18-1999 90108 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000102444

1. Corporation Name
FOREIGN CAR STORE, INC.

Principal Place of Business	Mailing Address
6650 HWY. 17-92 FERN PARK FL 32730	6650 HWY. 17-92 FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 12/07/1998

4. FEI Number: 59-3544353 ☐ 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

9. Name and Address of Current Registered Agent

RAHME, RAFFOUL
10 AUTUMNWOOD TRAIL
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name: N/A
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
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	1.1 TITLE	☐ Change ☐ Addition
NAME	RAFFOUL RAHME ☐ DELETE	1.2 NAME	
STREET ADDRESS	10 Autumn wood TR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TLE		2.1 TITLE	☐ Change ☐ Addition
ME	☐ DELETE	2.2 NAME	
TREET ADDRESS	SAME AS ABOVE	2.3 STREET ADDRESS	
TY-ST-ZIP		2.4 CITY-ST-ZIP	
TLE		3.1 TITLE	☐ Change ☐ Addition
ME	☐ DELETE	3.2 NAME	
REET ADDRESS	SAME AS ABOVE	3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	☐ Change ☐ Addition
ME	☐ DELETE	4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	☐ Change ☐ Addition
ME	☐ DELETE	5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
-ST-ZIP		5.4 CITY-ST-ZIP	
		6.1 TITLE	☐ Change ☐ Addition
ET ADDRESS	☐ DELETE	6.2 NAME	
-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: SIGNATURE REQUIRED RAFFOUL RAHME 1-25-99 (407) 831 5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #