

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

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90002 029 ***550.00

DOCUMENT # **V35672** ✓

1. Corporation Name

GERMAN CAR CLINIC, INC.

Principal Place of Business

**8529 ALTON AVE
JACKSONVILLE FL 32211**

Mailing Address

**8529 ALTON AVE
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

69-3123666

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. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**TOLCZ, JANUSZ
4201 HARBOUR ISLAND DR.
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

TOLCZ, JANUSZ

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

5322 LOS SANTOS WAY

83

JACKSONVILLE

84 City

FL

85 Zip Code

32211

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

TITLE **P** ☐ DELETE
NAME **TOLCZ, JANUSZ**
STREET ADDRESS **4201 HARBOUR ISLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **TOLCZ, JANUSZ**
STREET ADDRESS **4201 HARBOUR ISLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **ST** ☐ DELETE
NAME **TOLCZ, BEATA**
STREET ADDRESS **4201 HARBOUR ISLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **TOLCZ, JANUSZ**
1.3 STREET ADDRESS **5322 LOS SANTOS WAY**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **TOLCZ, JANUSZ**
2.3 STREET ADDRESS **5322 LOS SANTOS WAY**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

3.1 TITLE **ST** ☒ Change ☐ Addition
3.2 NAME **TOLCZ, BEATA**
3.3 STREET ADDRESS **5322 LOS SANTOS WAY**
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: **Beata Tolcz** REBEATA TOLCZ 0709-99 904/721-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)