

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**98 DEC 14 PM 12: 26**

**1. Name of Limited Partnership**

**1a. DOCUMENT #  
A27425**

**ALL SERVICE AUTO PLAZA LIMITED PARTNERSHIP**



**Mailing Address**

POST OFFICE BOX 15728  
PLANTATION FL 33318-5728

**Principal Office Address**

2615 S. UNIVERSITY DR.  
DAVIE FL 33328

**3. Date Formed or Registered**

11/22/1988

**5a. Capital Contributions as  
Shown on record.**

**\$304,920.00**

**3a. Date of Last Report**

12/08/1997

**5b. Amount of Capital  
Contributions in FLORIDA  
to date:**

**300,104.19**

**4. State or Country of Formation**

FL

**2. Mailing Address**

**2a. Principal Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**6. FEI Number**

65-0096011

☐ Applied For  
☐ Not Applicable

**7. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**8. Make check payable to: Dept. of State (See reverse side for fee information)**

**9. Name and Address of Current Registered Agent**

STELNIK, MARK E.  
2615 S. UNIVERSITY DR.  
DAVIE FL 33328

**10. If changed, new Registered Agent/Office**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**11. Name(s) of General Partner(s)**

**11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

**11b. City, State & Zip Code**

**11c. Registration/  
Document Number**

ALL SERVICE AUTO PLAZA, INC

2615 S. UNIVERSITY DR

DAVIE FL 33328

K31684

800002722938-12/24/98-01085-012  
\*\*\*\*526.25\*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

All Service Auto Plaza Limited Partnership by All Service Auto Plaza, Inc., General Partner

SIGNATURE

DATE 12/10/98

Typed or Printed Name of General Partner Signing Form

Mark E. Stelnik, Vice Pres.

Daytime Telephone Number

954 474-2800

CR2E003 (8/98)