FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000018211

FAST & EASY AUTO REPAIR, INC.

	-										
Principal Place	of Business	Mailing Ad	ddress							*******	B61 1101 1001
3576 EASY ST PORT CHARLOT	TTE FL 33952		3576 EASY ST PORT CHARLOTTE FL 33952				DO NOT WRITE IN	THIS S	PACE		
							3. Date Incorporated or Qualifed				
							03/08/1993]
2. Principal Place of Business 2a. Mailir			illing Address				4. FEI Number Applied For				
21	440 S. 240MISSE	26	•				65-0394011			Not	Applicable
Suite, Apt.	#, etc.		Apt: #; etc.	3====	==		5. Certificate of Status Desired		·		Iditional
22		27	27				5. Certificate of Status Desired		Fe	e Req	uired
City & State	9	City &	City & State				6. Election Campaign Financing				/lay Be
23		28					Trust Fund Contribution			ded to	Fees
Zip	Country	Zip	,	Count	ry		8. This corporation owes the current year		ngible ∐Yes	ſ	⊒No
24	[25]	29		30			Personal Property Tax. 10. Name and Address of New Register				
	9. Name and Address of Curren	t Registered A	депт	- [31	Name	10. Haine and Address of New Region	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30		
КАРІ	LAN, BORIS			L							
3576 EASY ST				[32	Street Addre	ess (P.O. Box Number is Not Acceptable)				
	T CHARLOTTE FL 33952										
				L	33						
	•			1	34	City		FI	85	Zip Co	ode
agent. I a	m familiar with, and accept the obligat	tions of, Section	n 607,0505, FIOTI	Registered A	es.	signature required		rE_			
12.	OFFICERS AN	D DIRECTORS	_ 	13.			ADDITIONS/CHANGES TO OFFICER	SANL	Cha		Addition
TITLE	D		☐ DELETE	1,1 ТІТЦ		ĺ				uge	
NAME	KAPLAN, BORIS			1.2 NAM							
STREET ADDRESS	92 CASTILE COURT		•			ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL			1.4 CITY 2.1 TITL		-ZIP			☐ Cha	ınge	Addition
TITLE	D Kaplan, Polina			2.2 NAM		Ì			_	Ū	-
NAME STREET ADDRESS	92 CASTILE COURT					ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL			2. 4 CIT		41 1	Amore a survival qui et eller q	~	~~.		~ · _
TITLE	TOWN GONOTTE		☐ DELETE	3.1 TITL					☐ Cha	inge	☐ Addition
NAME				3.2 NAM	Æ						1
STREET ADDRESS				3.3 STR	EET	ADDRESS					
CITY-ST-ZiP	·			3.4. CIT	Y- S1	T-ZIP					
TITLE			☐ DELETE	4.1 TITL	E	1			Cha	inge	Addition
NAMÉ				4. 2 NA	ďΕ						
STREET ADDRESS				4.3 STR	EET	ADDRESS					
CITY-ST-ZIP				4.4 CIT	_	r-ZIP			T7 OF		المام المام المام
TITLE			☐ DELETE	5.1 TITL					Cha	uige	Addition
NAME				5.2 NAN		ADDRESS					
STREET ADDRESS	·			•		ADDRESS					
CITY-ST-ZiP			□ DELETE	5.4 CITS 6.1 TITL		1-251			☐ Cha		☐ Addition
TITLE	7										

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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TITLE

NAME STREET ADDRESS

DELETE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90068 015 ***150.00

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