Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90001 012 \*\*\*150.00

## 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 # P94000069516

1. Corporation Name

EVERESCHIAV LISED ALITO PARTS INC

LXI IILOC	-							
Principal Place	of Business	Mailing Address	,					
9968 119TH WAY N 9968 119TH WAY N 3975 118TH AVENUE NORTH SEMINOLE FL 34642						DO NOT MOUTO IN THE	e edace	
CLEARWATER FL 34622						DO NOT WRITE IN THI	S SPACE	
บร				_		3. Date Incorporated or Qualifed 09/20/1994		
2. Principal Pl	ace of Business	2a. Mailing Address	, Mailing Address			4. FEI Number	<del> </del>	pplied For
21		26			_	59-3268323		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27						Required
City & State		City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		I to Fees
Zip Country		Zip	_ `			8. This corporation owes the current year li		Nu.
24	25		0			Personal Property Tax.	Yes	No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	I Agent	
COL	N DONALD B		81	I Nam	е			
	N, RONALD B		82	2 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
	W AZEELE ST							
IAMI	PA FL 33606		83	3				
			84	4 City			85 Zip	Code
				1 1	_	F		
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								
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	·							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	legistered Ag	ent signatu	e required	when reinstaling) DATE		
12.	OFFICERS AN		13.		1	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP	☐ DELETE	1,1 TITLE		1		☐ Change	ן ייטעווטטא ב
NAME :	Rubenstein, Richards S							
STREET ADDRESS	9968 119TH WAY N	1,3 \$7		ET ADDRES	is			ľ
CITY-ST-ZIP	SEMINOLE FL			ST-ZIP				F 1 4 3 3 5 5 - 1
TITLE	☐ DELETE 2		2.1 TITLE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS			☐ Change	→ ☐ Addition
NAME	RUBENSTEIN, JOAN	23\$						
STREET ADDRESS	9968 119TH WAY NORTH							{
CITY-ST-ZIP	SEMINOLE FL			ST-ZIP			_ <u></u>	
. TITLE	V	DELETE	3.1 TITLE		3	من <u>ہ</u> جا	Change	Addition A
NAME	RUBENSTEIN, RICHARD M.		3.2 NAME					ĺ
STREET ADDRESS	9968 119TH WAY NORTH		3.3 STRE	ET ADORES	ss			į
CMY-ST-ZIP	SEMINOLE FL	<u></u>	3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4, 2 NAME	E	1			Ì
STREET ADDRESS			4.3 STRE	ET ADDRES	ss			
CITY-ST-ZIP				ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		1 .	-	Change	Addition
NAME	•		5.2 NAME	ļ				Í
STREET ADDRESS			5.3 STRE	ET ADDRES	ss			ļ
CITY-ST-ZIP		5.40		ST-ZIP				
TITLE		☐ DELETE 6.1					☐ Change	Addition
NAME			6.2 NAME	•				Į
STRÉET ADDRESS			6.3 STRE	ET ADDRES	ss			j
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP