PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P96000067947

1. Corporation Name

May 03, 1999 8:00 am Secretary of State

05-03-1999 90097 020 ***150.00

	UTOMOTIVE INC.				• •	, Immirant (12 1811	# # # # # # # # # # # # # # # # # # #			<u> </u>	

Principal Place	of Business	Mailing Address			7	1 188 1881 14 B 1841	:::: - =::: 8		.,, 12018		1441 1441
5101 NORTH FE	EDERAL HIGHWAY	5101 NORTH FEDERAL HIGHW	VAY								
BOCA RATON FL 33487 BOCA RATON FL 33487					İ	Do	NOT WRITE	E IN THIS S	SPACE		
					3.	Date Incorporated					
					1	08/15/1996					ĺ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied F			ed For		
21		26				65-06866 <u>18</u>			Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Addition					
22		27			3.					Requ	
City & State	9	City & State				Election Campaign				00 м	
23		28	0			Trust Fund Contrib				led to	rees
Zip	Country	Zip	Country	у	1 **	This corporation of			ngible ∐Yes	V	No
24	9. Name and Address of Current	29 30	<u> </u>			Personal Property Name and Addres				~	1
	9. Name and Address of Current	Ladistatan Whatir	81	l Name		The state of the s	31 11011 119	3	<u></u>		
ROA	CH, ADAM E		Ĺ	1			****	1-1			
5101 N FERERAL HIGHWAY			82	2 Street	t Address (P.O. Box Number is Not Acceptable)			ne)]
	A RATON FL 33487		83	3							
			L						lock :	Zip Co	
			84	4 City	-			FL	85	Zip Co	lue
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	ve-name	corporation	submits this state	nent for the p	urpose of c	hangin	g its re	egistered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	nt Florida. Such change was allifo	iorized ni	v tne cort	poration's boa	ard of directors. I t	ereby accept	ше аррош	unent a	is regio	Stered
		10113 01. 36011011 007.0305, 1 101146	a Statute	S.							
	,	ions of, Section 607.0500, France	a Statute	S.			•				\
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Age	s.	required when re			DATE			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Ro	egistered Age	S. ent signatur e		ninstating) ADDITIONS/CHANG	GES TO OFF		DIRE	CTOR	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Re	13.	S. ent signature			GES TO OFF		DIRE	CTOR nge	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D ROACH, ADAM E	t and title if applicable. (NOTE: ReD DIRECTORS	13. 1.1 TITLE 1.2 NAME	S. ent signature	A		GES TO OFF		D DIRE	CTOR nge	
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14. 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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

561-997-5666