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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta:y of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000020966**1. Corporation Name

STREET ADDRESS CITY-ST-ZIP

PHOENIX AUTO SPORT, INC.

Principal Place	e of Business	Mailing Address							
9308 WINDY RI		POST OFFICE BOX 758							
WINDEMERE FL 34786		GOTHA FL 34734			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						03/06/1997			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl ed For
¬ı '	100 01 545 NOS	26	y dances			65-0743875		1	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
¬ ·		27			5. Certificate of Status Desired			Required	
City & State	P	City & State			6. Election Campaign Financing		\$5.0	0 May Be	
¬ · · · / · · · · · · · · · · · · · · ·						Trust Fund Contribution			d to Fees
Zip	Country	Zip Cour				8. This co-poration owes the current year Intangible			
4	25 29 30			Personal Property Tax.				🖺 Yes	ANO
<u></u>	9. Name and Address of Current	. 11				10. Name and Address of New Re	gistere I A	gent	
		· · · · · · · · · · · · · · · · · · ·		81	Name				
PIRA	OTTA, DOUGLAS		Ļ		<u> </u>	(D.O. Care Name to Not Assessed	-		
9308	WINDY RIDGE RD			82	Street Ad-II	Address (P.O. Box Number is Not Acceptable)			
WINI	DERMERE FL 34786		ŀ	83					
			į						
				84	City		FI	85 Zip	p Ccde
11 Duranaut	to the provisions of Sections 607 0503	and 607 1508 Florida Statu	ules the ah	ove.	-named co r	poration submit; this statement for the pu	rpose of o	hanging i	its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	n Florida. Such change was	authorized	by ti	he corpora:	on's board of directors. I hereby accept	.he app in	tment as	registered
SIGNATURE			T. D			ed when reinstating)	DATE		
12.	Signature, typed or printed nan e of registered agent	- 	11: Registered /	4geni	signature require	ADDITIC NS/CHANGES TO OFFI		DIREC1	TORS IN 12
TITLE	PSTD	DELETE	1 1 TITI	F				☐ Change	
			1.2 NAI						
NAME	PIRROTTA, DOUGLAS J				ADDRESS				
STREET ADDRES S	9308 WINDY RIDGE ROAD								
CITY-ST-ZIP	WINDEMERE FL 34786	DELETE	1,4 CIT		·ZIP			Change	e [] Addition
TITLE	<u>T</u>		2.1 TIT						
NAME	PIRROTTA, SUSAN		2.2 NA						
STREET ADDRESS	9308 WINDY RIDGE RD				ADDRESS				
CITY-ST-ZIP	WINDERMERE FL 34786		2. 4 CIT		-ZIP			Change	e ∏ Addition
TITLE		☐ DELETE	3.1 TITI					☐ Changi	e [] Addition
NAME			3.2 NA						
STREET ADDRES S			3.3 STF	REET	ADDRESS				
CITY-ST-ZIP			34 CI1		î-ZIP	<u></u>			
TITLE		☐ DELETE	4,1 TITI	LΕ				Change	e 🗍 Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4 3 STF	REET /	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP				
TITLE	-	☐ DELETE	5.1 TIT					Change	e
NAME			5 2 NA						
STREET ADDRESS			5 3 STF	REET	ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
TITLE DELETE 6.1			6.1 TIT	LE				Change	e Addition
NAME			62 NA	ME					

6.3 STREET ADDRESS

SIGNATURE: AND TYPED OR I RINTED NAME OF SIGNING OFFICEL: OR DIRECTOR

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 influence or 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed to on an attach then with an address, with all other like empowered.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90199 019 ***150.00