Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90055 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000044828

1. Corporation Name

ZOOMER'S ALITO AND COLLISION INC

Principal Place	e of Business	Mailing Address	·	<u>.</u>				
1801 49TH ST. S. 1801 49TH ST. S. CIII EDORT EL 20202								
GULFPORT FL 33707 GULFPORT FL 33707						DO NOT WRITE IN TH	IS SPACE	
	•					3. Date Incorporated or Qualifed		
						05/19/1997		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				<u>59-3451451</u>		t Applicable
Suite, Apt. #, etc.		_ 	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 A Fee Red	
22		27 City & State						
City & State		⊢ '	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 f Added to	
Zip	Country	Zip	Count	rv		8. This corporation owes the current year		0.000
24	25	`	30	.,		Personal Property Tax.		□No
24	9. Name and Address of Current		50 1			10. Name and Address of New Registere		
1		, ,	8	1 Nar	ne			
LUCAS, MICHAEL B 4351 84TH AVE. N., UNIT #2		: VE.	8	32 Stre	et Addre	Address (P.O. Box Number is Not Acceptable)		
	LLAS PARK FL 33781		1	33		1 . 1 . 2		B. Sec.
			<u> </u>	34 City			85 Zip C	
Parket of the		<u> </u>				<u> </u>	<u> </u>	- internal
					ሰጠሰላ ክል		or changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was au	ithorized t	ov the co	orporation	oration submits this statement for the purpose in s board of directors. I hereby accept the app	ointment as reg	gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State α n familiar with, and accept the obligat	of Florida. Such change was au lions of, Section 607.0505, Flor	ithorized t ida Statut	by the co	orporation	n's board of directors. I nereby accept the app	ointment as rec	gistered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligated agentication, typed or printed name of registered agentications.	of Florida, Such change was autions of, Section 607.0505, Flor t and title if applicable. (NOTE:	ithorized to ida Statuto Registered A	by the co	orporation	when reinstating) DATE	Onument as reg	
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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.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP