**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Apr 19, 1999 8:00 am Secretary of State

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| DOCUMENT #         | P98000097566 |
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| 4 Composition Name |              |

| 1. Corporation  | n Name  |  |  |   |  |  |                                  |                                  |                                       |
|---|---|--|--|---|--|--|----------------------------------|----------------------------------|---------------------------------------|
| SUPER   | DISCOUNT AUTO REPAIR  | CENTEH, INC.   |  |   |  |  |                                  |                                  | !                                     |
| Principal Plac  | e of Business   | Mailing Address  |  |   |  | - ? SEBTÉRBS (TR SEFAS LEUT BRITT BRITT BR   | IN BANCE HOTEL LENGE             | Britt Britt Brit Jaci            | j                                     |
| 720 B S.W. 27   |   | 720 B S.W. 27 AV   | E.   |   |  |  |                                  |                                  |                                       |
| FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312   |   |  |  |   |  | DO NOT WRITE IN THIS SPACE   |                                  |                                  |                                       |
|   |   |  |  |   |  |  | THIS SPACE                       |                                  | _                                     |
|   |   | _  |  |   |  | 3. Date Incorporated or Qualifed 11/16/1998  |                                  |                                  |                                       |
| 2. Principal P  | Place of Business   | 2a. Malling Addre  | 885  | _   | _  | 4. FEI Number  | <u> </u>                         | Applied For                      | ٠ ا                                   |
| 21  |   | 26   |  |   |  | 65-0874446   |                                  | Not Applicable                   | મ ∙                                   |
| Suite, Apt.<br>22   | #, etc.   | Suite, Apt. #,   | etc.   | _   |  | 5. Certificate of Status Desired   | Fee                              | 5 Additional<br>Required         |                                       |
| City & Stat   | te  | City & State   |  |   |  | 6. Election Campaign Financing   | \$5.                             | 00. May Be                       | - <del> </del>                        |
| 23  |   | 28   |  |   |  | Trust Fund Contribution  | Adk                              | ed to Fees                       |                                       |
| Zip   | Country   | Zip  | _  | ountry  |  | 8. This corporation owes the current y   | ear Intangible<br>Yes            | □No                              |                                       |
| 24  | 25  | 29   | 30   | -   |  | Personal Property Tax.   |                                  |                                  | ┥ .                                   |
|   | 9. Name and Address of Curr   | rent Registered Agent  | <del></del>  | 81 N  | lame   | 10. Name and Address of New Regis  | reten Wäeld                      | <del></del> -                    | $\dashv$                              |
| ദ്രവ  | ODEN, ASTON S   |  |  |   |  |  |                                  |                                  | ,՝                                    |
|   | B S.W. 27 AVE.  |  |  | 82 S  | treet Addre  | ess (P.O. Box Number is Not Acceptable)  |                                  |                                  |                                       |
|   | LAUDERDALE FL 33312   |  |  | 83  |  | *****  | <del></del>                      |                                  | ┪ '                                   |
|   |   |  |  | }   |  |  |                                  |                                  | _}                                    |
|   |   |  |  |   |  |  | 85                               | Zlp Code                         |                                       |
|   |   |  |  | 84 C  | ity  | _  |                                  |                                  |                                       |
| 11. Pursuant  | to the provisions of Sections 607.0   | 0502 and 607.1508, Florid  | la Statutes, the   | 1 1 -   | •  | oration submits this statement for the purp  | FL ose of changing               | g its registered                 | -                                     |
|   |   | 5502 and 607.1508, Floridate of Florida, Such changing the street of Florida, Such changing the street of Florida (Florida of Florida of Florid | la Statutes, the<br>ge was authorize<br>505, Florida Sta   | 1 1 -   | •  | poration submits this statement for the ourp<br>on's board of directors. I hereby accept the | ose of changing<br>appointment a | g its registered<br>s registered |                                       |
| 11. Pursuant<br>office or r<br>agent. I a<br>SIGNATURE  | Signature, typed or printed name of registered a  | agent and title if applicable.   | (NOTE: Registere   | above-na<br>ed by the<br>atutes.  | amed corpo<br>corporation  | d when reinstating) D  | ose of changing appointment a    |                                  | i                                     |
| SIGNATURE   | Signature, typed or printed name of registered a OFFICERS   | agent and tide if applicable. AND DIRECTORS  | (NOTE: Registere   | above-na<br>ed by the<br>atutes.<br>ed Agent sign   | amed corpo<br>corporation  |  | ose of changing<br>appointment a | CTORS IN 12                      | i                                     |
| SIGNATURE  12. TILE   | Signature, typed or printed name of registered a OFFICERS   | agent and title if applicable.   | (NOTE: Registere 13 ELETE 1.11   | above-na<br>ed by the<br>atutes.<br>ed Agent sign   | amed corpo<br>corporation  | d when reinstating) D  | ose of changing appointment a    | CTORS IN 12                      | i                                     |
| SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered a OFFICERS D GOODEN, ASTON S   | agent and tide if applicable. AND DIRECTORS  | (NOTE: Registere 13  LETE 1.11   | above-na<br>ed by the<br>atutes.<br>ed Agent sign<br>I.<br>TITLE  | metire required  | d when reinstating) D  | ose of changing<br>appointment a | CTORS IN 12                      | i                                     |
| 12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered a OFFICERS . D GOODEN, ASTON S 720 B S.W. 27 AVE.  | agent and tide if applicable. AND DIRECTORS  | (NOTE: Registere 13<br>ELETE 1.11<br>12?   | above-na<br>ed by the<br>atutes.<br>ad Agent sign<br>I.<br>TITLE<br>NAME<br>STREET ADD  | amed corporation corporation   | d when reinstating) D  | ose of changing<br>appointment a | CTORS IN 12                      | i                                     |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Signature, typed or printed name of registered a OFFICERS.  D GOODEN, ASTON S 720 B S.W. 27 AVE. FT. LAUDERDALE FL 33312                  | agers and title If applicable. AND DIRECTORS   | (NOTE: Registere 13  | above-na<br>ed by the<br>atutes.  If the state of | amed corporation corporation   | d when reinstating) D  | ose of changing appointment a    | CTORS IN 12<br>nge [] Addition   | ¥   <br>R2E034 (11/98)                |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered a OFFICERS.  D GOODEN, ASTON S 720 B S.W. 27 AVE. FT. LAUDERDALE FL 33312 D                | agent and tide if applicable. AND DIRECTORS  | (NOTE: Registere 13  | above-na<br>ed by the<br>atutes.<br>ed Agent sign<br>ITILE<br>NAME<br>STREET ADO<br>CITY-ST-ZIP<br>TITLE  | amed corporation corporation   | d when reinstating) D  | ose of changing<br>appointment a | CTORS IN 12<br>nge [] Additio    | ¥   <br>R2E034 (11/98)                |
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6.4 CITY-ST-ZIP 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 to changest or on an attaching it with or address, with all other like ampowered.