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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90054 013 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101594

Principal Place of Business

BRADEN RIVER AUTOMOTIVE INC.

6212 98TH ST. EAST BRADENTON FL 34202		6212 98TH ST. EAST Bradenton FL 34202			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 12/17/1996			
2. Principal Pla	ace of Business	2a. Mailing Addr	ess		4. FEI Number 65-0723201	— · · ·	olied For Applicable	
Suite, Apt. #, etc.		26 Suite, Apt. #,	etc.		5. Certificate of Status Desired			
22 City & State		27 City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	28 Country Zip Cou		ntry	8. This corporation owes the current year Inta-	ngible Yes	□No		
24	25	29	301	1	10. Name and Address of New Registered A	gent		
	9. Name and Address of Curren	it Registered Agent		81 Name				
	astino, Eugene 98th St. East			82 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
	DENTON FL 34202							
				84 City	FL	85 Zip C		
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				prporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	hanging its iment as reg	registered gistered	:
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	Agent signature req	ulred when reinstating) DATE			á
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI			1/08
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NAME				IAME				ĺ
STREET ADDRESS				TREET ADDRESS				ĺ
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NAME				STREET ADDRESS				
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CITY-ST-ZIP			5.4	CITY-ST-ZIP				1
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4			#					1

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 chapsed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS