PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90080 048 ***150.00

DOCUMENT	#	M60432
 Corporation Name 		11100 102

TRIPLE R AUTO BROKERS, INC.

Principal Place	e of Business	Mailing Address				1141 41911 BIBIT GIĞIL BIT	JII
6118 GRAND O WINTER HAVEN		6118 GRAND OAKS DR SE WINTER HAVEN FL 33884 US			DO NOT WRITE	IN THIS SPACE	
US		us			3. Date Incorporated or Qualifed		
l l					10/08/1987		
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
⊢	lace of dusiness	26			65-0034221		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.				5 Additional Required
City & State	e	City & State		* **	6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country 25	Zip 30	Country		This corporation owes the current Personal Property Tax.	t year Intangible	⊠ No
1	9. Name and Address of Current				10. Name and Address of New Reg	istered Agent	
			81	Name			
I .	e, larry		82	Street Add	ress (P.O. Box Number is Not Acceptable	<u> </u>	
	GRAND OAKS DR SE		02	Sileet Addi	1835 (F.O. DOX NUMBER 13 NOT ACCEPTAGE		
WIN	TER HAVEN FL 33884		83				
}	-		84	City		85 Z	ip Code
			84	City		FL °° ´	ip code
office or r agent. I a	to the provisions of Sections 607, USD2 egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida, Such change was auth ions of, Section 607.0505, Florida	iorized by a Statutes	the corporate	poration submits this statement for the pu on's board of directors. I hereby accept to ad when reinstating)	he appointment as	registered
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Chan	ge Addition
NAME	ROSE, LARRY		1.2 NAME				
STREET ADDRESS	6118 GRAND OAKS DR SE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33884		1.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Chan	ge Addition
NAME	·	!	2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Chan	ge 🗌 Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			}
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE	į		Chan	ige ☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			43 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ge 🗌 Addition
NAME		ļ	5.2 NAME				

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 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

941-318-1644

☐ Addition