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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 221806

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90021 040 ***150.00

WINGAT	TE AUTO PARTS & SALVAG	E CORP			
Principal Plac	ce of Business	Mailing Address			HAM BURY BABRY BADRY BURNI BURNI BURNI BRARY INDA
1941 NE 188TH ST. N. MIAMI BEACH FL 33179		1941 NE 188TH ST. N. MIAMI BEACH FL 33179		DO NOT WRI	TE IN THIS SPACE
				3. Date Incorporated or Qualifed	
				03/26/1959	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	· —————	59-0800253	Not Applicable
Suite, Apt	:. #, etc.	Suite, Apt #, etc		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		27 City & State		- Floring Committee Committee	\$5.00 May Be
City & Sta	ite	 '		Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	28 Zip	Country	This corporation owes the curr	
24	25	├	30	Personal Property Tax.	Yes No
24	9 Name and Address of Curre		30	10. Name and Address of New I	Registered Agent
		<u> </u>	81 Name		
	inenbaum, Loraine		82 Street Add	dress (P.O. Box Number is Not Accepta	able)
1941 NE 188TH ST.			62 Sileet Add	dress (F.O Box Number is Not Accept	
MIA	MI BEACH FL 33179		83		
			04 07		85 Zip Code
			84 City		FL S Z D G G G G G G G G G G G G G G G G G G
office or	registered agent, or both, in the State am familiar with, and accept the obligation	e of Florida. Such change was at	ithorized by the corporat	rporation submits this statement for the tion's board of directors. I hereby accept	pt the appointment as registered
office or agent 1- SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligated Signature, typed or printed name of registered age	e of Florida, Such change was at ations of, Section 607,0505, Florent and tile of applicable (NOTE	uthorized by the corporation of the statutes. Registered Agent signature requirements.	red when reinstating)	DATE DATE
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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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RRAINE TANNENBAUM

2/20/99

420-248

Davidson Bhasan