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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90150 041 \*\*\*150.00

## DOCUMENT # 253785 1. Corporation Name

FLORIDA BRAKE & CLUTCH INC

Principal Place of Business		Mailing Address				, ,,				.,
3198 23RD AVE NO		3198 23RD AVE NO ST PETERSBURG FL 33713								
ST PETERSBURG FL 33713		ST PETERSBURG PL 33713				DO NOT WRITE IN THIS SPACE				
					3	. Date Inc	corporated or Qualife	ed		
					1	12/06/	1961			
2. Principal Place of Business 2a. Mailing Addre			ess			. FEI Nun	nber	<del></del>	A	pplied For
21		26			59-094	18717		N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				Additional
22	•	27			5.	, Ceruicai	le of Status Desired		Fee R	equired
City & Stat	e	City & State			6.	6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fu	ind Contribution		Added	to Fees
Zip	Country	Zip	_ Country		8.	. This cor	poration owes the co	urrent year into		
24	25	29 34	0				Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent				), Name a	nd Address of Nev	v Registered	Agent	
VDA1	HE DICHARD		81	Name	•					
	US, RICHARD	82 Sti			t Address (I	P.O. Box	Number is Not Acce	ptable)		
10082 S. YACHT CLUB DR. TREASURE ISLAND FL										
INEA	ASURE ISLAND FL		83				,			
	. •		84	City				FL	85 Zip	Code
•							4-1-1		- Lancing it	- registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	norized by	the corr	o corporation s b	on submits board of di	rectors. I hereby acc	cept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	•						
SIGNATURE	Signature, typed or printed name of registered agent	t and title if apolicable. (NOTE: R	ecistered Apen	t signature	required when	reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		
12.	OFFICERS ANI		13.				NS/CHANGES TO	OFFICERS AN	D DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		T	200		<del></del> -	☐ Change	Addition
NAME	KRAUS, RICHARD		1.2 NAME							
STREET ADDRESS	10082 S. YACHT CLUB DR		1.3 STREET	ADDRESS	3					
CITY-ST-ZIP	T		1,4 CITY-S	r-ZIP						
TITLE	ST				<del> </del>				☐ Change	☐ Addition
NAME	KRAUS, C.E.		2.2 NAME							
STREET ADDRESS	10082 S. YACHT CLUB DR		2.3 STREET ADDRESS		s					
CITY-ST-ZIP	TREASURE ISLAND FL		2. 4 CITY-ST-ZIP							
TITLE	V	DELETE	3.1 TITLE		1.		19.1		☐ Change	Addition
NAME	KRAUS, RICHARD K. JA	12	3.2 NAME							
STREET ADDRESS			3.3 STREET	ADDRESS	3					
CITY-ST-ZIP	TREASURE ISLAND FL			T-ZIP		:				
TITLE		☐ DELETE	4.1 TITLE		1			181,	Change	Addition
NAME	,		4. 2 NAME		1					
STREET ADDRESS			4.3 STREET	ADDRESS	5			*		
CITY-ST-ZIP		. 440		r-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE		1				☐ Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS	3		ē			
CITY-ST-ZIP			5.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	6.1 TITLE		<del> </del>				☐ Change	Addition
NAME	·		6.2 NAME							
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		6.3 STREET	ADDRESS	s	•			٠,,	
CHAPT ADDITION			_							

14. I hereby certify that the information sopplied 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 chapter or in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CR2E034 (11/98)