**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 349988 1. Corporation Name

SUNRISE O.K. TIRES, INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90028 046 \*\*\*150.00

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Principal Place	of Business	Maili	ng Address				-  '' <b>''''</b>		iidi lan Aid	işı <b>bib</b> il əfbil elbil	STATE DIBIT SEAT
•			WEST SUNRISE BLVD				Í				
1013 WEST SUNRISE BLVD 1013 WEST SUNRISE BLVD FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 3331		1			1						
								DO NOT WRI		HIS SPACE	
							1	porated or Qualifed			
			4-11: A 1 d			<del></del>	07/29/19				pplied For
<del>-</del>	ace of Business	-	Mailing Address				59-1270		•	• -	ot Applicable
Suite, Apt.	# ata	26	uite, Apt. #, etc.				39 1270	1120		<del></del>	Additional
	#, <del>6</del> 1C.	27	dite, Apr. #, etc.				5. Certifcate	of Status Desired		•	equired
City & State			City & State				6 Election C	ampaign Financing		\$5.00	May Be
23		28	,				1	Contribution			to Fees
Zip	Country		iρ	Cou	ntry		8. This corpo	ration owes the cur	rent year	Intangible	
24	25	29		30			Personal F	Property Tax.		<b>⊠</b> Yes	□No
	9. Name and Address of Curre	ent Registe	red Agent				10. Name and	Address of New I	Register	ed Agent	
					81	Name					1
	TER,F VERNON				82	Street Ad	ess (P.O. Box Nu	ımber is Not Accept	able).		
	NE 52ND COURT							·			
FIL	auderdale fl				83						
					84	City				. 85 Zip	Code
					ll						
11. Pursuant	to the provisions of Sections 607.09 egistered agent, or both, in the Stat	502 and 607	.1508, Florida Statute	s, the a	bov€	e-named cou	oration submits the	nis statement for the ctors. I hereby acce	purpose of the ac	e of changing its pointment as re	s registered   egistered
agent. I a	m familiar with, and accept the obli	gations of, S	ection 607.0505, Flor	ida Stat	utes		0 000, 0 0 0 0 0			•	1
SIGNATURE											(
	Signature, typed or printed name of registered a		<u> </u>		Agen	t signature requ	d when reinstating)	S/CHANGES TO OF	DATE		ODS IN 12
12.	OFFICERS A	AND DIREC	DELETE	13.	n E		ADDITIONS	SICHANGES TO OF	FICENS	[T] Change	Addition
TITLE	PD HINTED E VEDNON		_ DECEME	1.2 N							
NAME	HUNTER,F VERNON 1911 NE 52ND CT					ADDRESS					
STREET ADDRESS	FT LAUDERDALE FL										}
CITY-ST-ZIP	SD		DELETE	2.1 TI	TY-S]	1-211				Change	☐ Addition
TITLE	HUNTER, JUDITH			2.2 N						<del>-</del> , -	}
NAME	1911 NE 52ND CT					ADDRESS					ł
STREET ADDRESS	FT LAUDERDALE FL			2.40		l	•	~			-
CITY-ST-ZIP TITLE	V		☐ DELETE	3 1 TI	_					Change	Addition
NAME	HUNTER, F. VERNON, II			3.2 N	AME						
STREET ADDRESS	1911 N.E. 52ND CT.			3.3 S	TREE1	TADDRESS					,
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4. C	ITY-S	IT-ZIP					
TITLE			☐ DELETE	4.1 TI	TLE					Change	☐ Addition
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STREET ADDRESS				4.3 S	TREET	T ADDRESS					
CITY-ST-ZIP				4.4 C	TY-S	T- ZIP		<u></u>			
TITLE			☐ DELETE	5.1 TI	TLE		-			☐ Change	☐ Addition
NAME				5.2 N	AME						
STREET ADDRESS				5.3 S	TREET	TADORESS					
CITY-ST-ZIP				_	TY-S	T-ZIP					
TITLE	-		☐ DELETE	6.1 TI						Change	☐ Addition
NAME				6.2 N							}
STREET ADDRESS						ADDRESS					}
CITY-ST-ZIP				6.4 C	TY-5	T-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.

SIGNATURE: