

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 409678
1. Corporation Name

BOB'S BRAKE SERVICE, INC.

Principal Place of Business Mailing Address
22 N.W. 79TH STREET 22 N.W. 79TH STREET
MIAMI FL 33150-3014 MIAMI FL 33150-3014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/1/1972

4. FEI Number
59-1487903

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

MANNY FIGUEROA, C.P.A.
308 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134-5004

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/D ☐ DELETE
NAME ROBERT W. IRVINE
STREET ADDRESS 416 N. RAINBOW DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33021
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP
2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP
3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP
4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP
5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP
6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

3000026759189
-10/28/98--01095--011
****150.00 ****150.00

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.

SIGNATURE:

ROBERT W. IRVINE, PRESIDENT

10-20-98
(305) 758-2527

CR2E034 (5/98)

(2)

MANNY FIGUEROA, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
308 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33134-5004
TELEPHONE (305) 446-1120
FACSIMILE (305) 461-0121

October 20, 1998

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bob's Brake Service, Inc.
E.I.N.: 59-1487903

Gentlemen:

On September 22, 1998 this office contacted the Florida Department of Revenue in an attempt to determine the filing status of various state reporting forms for the captioned taxpayer. We have enclosed a copy of such letter for your review which includes a brief synopsis of the taxpayer's situation.

As I pointed out in the attached correspondence to the Florida Department of Revenue, the taxpayer has been ill and hospitalized on several occasions during the past year. After conferring with the Florida Department of Revenue they informed us that among other tax forms, the Florida Corporation Annual Report for the year 1998 has not been filed. We have therefore prepared a new annual report together with a check from the taxpayer in the amount of \$150.00.

We would ask that your office abate any late filing penalties due to reasonable cause as this office is attempting to straighten out the non-filing and late filing problems generated by the taxpayer's illness during the years 1997 and 1998. We would very much appreciate your understanding and assistance in trying to straighten out this taxpayer's problems by accepting this annual report together with the related payment for \$150.00.

Thank you for your cooperation and if you have any questions please contact this office.

Very truly yours,


Manny Figueroa

MF/mr

Encl.

cc: Robert W. Irvine
w/o encl.

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MANNY FIGUEROA, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANTS
308 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33134-5004
TELEPHONE (305) 446-1120
FACSIMILE (305) 461-0121

September 22, 1998

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, FL 32399-0135

Re: Bob's Brake Service, Inc.
E.I.N.: 59-1487903

Gentlemen:

The president and owner of the captioned entity has been very ill and has been in and out of the hospital since April, 1997. Recently, an employee from this office went to the taxpayer's place of business in an attempt to determine if correspondence from this office had been ignored and what correspondence from the State of Florida had also been ignored. We are unsure if the taxpayer filed the 1996 Form F-1120 for the fiscal year ended September 30, 1997. We are also unsure if the taxpayer filed the 1998 State of Florida Intangible Personal Property Tax Return and the Corporation's Annual Report.


It appears that an employee was assisting in the preparation of the monthly State of Florida sales tax reporting forms and this office handled the required payroll tax deposit amounts.

Before the next fiscal year ending September 30, 1998, we would request your assistance in helping us determine if all of the necessary prior year State of Florida reporting forms have been filed and received by your office.

The taxpayer is suffering from Diabetes and has developed some severe problems with one leg and foot, which in turn has limited the time the taxpayer is able to spend at his business.

We thank you for your cooperation and if you will respond directly to this office, we will make sure that all missing forms are filed immediately with your office.

Very truly yours,


Manny Figueroa

MF/mr

cc: Mr. Bob Irvine