ANNUAL REPORT 1998 OWISON OF CORPORTIONS OWISON OF CORPORTIONS 98 OCT 23 PH 12: 47 SECRET 33 150 - 3014 DOMOTORITE IN THIS SPACE PH 10 PH 12 SECRET 33 150 - 3014 DOMOTORITE IN THIS SPACE SECRET 33 150 - 3014 SECRET 33 150 - 3004 SECRET 33 150 - 3004 SECRET 33 150 - 3004 SECRET 33 150 - 3004 SECRET 33 150 - 3004 SECRET 33 150 -		PROFIT RPORATION		Pn Pn		TMENT OF STATE		3	\cup
COUMENT # 409678 SECRETARY DF STATE TALLAHASSEE. FLORIDA BOB'S BARKE SERVICE, INC.	ANN			8 7	Secretar	y of State			
BOB'S BRAKE SERVICE, INC. TALLAHASSEL: FLUKUDA Anona Prace of Business Maling Address 22 N.W. 79TH STREET 22 N.W. 79TH STREET MIAMI FL 33150-3014 MIAMI FL 33150-3014 Principal Prace of Business 22 Maling Address Sale, Apr. 4, etc. 20 120 30 Sale, Apr. 4, etc. 20 20 Sale, Apr. 4, etc. 20 Sale, Apr. 4, etc. 20 Sale 20 Sale 20 Sale 20 Sale, Apr. 4, etc. 20 Sale 20 Country 20 Country 20 Country 20 Country 20 Country 21 Anno and Address of Current Registered Agent 41 10 MANNY FIGUEROA, C.P.A. 308 ALHAMERA CIRCLE CORAL GABLES, FL SALES CORAL GABLES, FL SALES Provention of Decomparts and Address of Decomparts and Addre			09678			i <u>v mp</u>			
Incode Pace of Business Malling Address 22 N.W. 79TH STREET 22 N.W. 79TH STREET MIAMI FL 33150-3014 MIAMI FL 33150-3014 Principal Pace of Business 2a. Mailing Address 2a. Mailing Address 4. FEI Number 2b. Date Footpotted of Custified 10/1/1972 Principal Pace of Business 2a. Mailing Address 2b. Date Footpotted of Custified 10/1/1972 Principal Pace of Business 2a. Mailing Address 2c Suite, Apt. 4, etc. 59-1487903 2c Softe, Apt. 4, etc. 59-1487903 2c County 2a 2c County 2a 2c County 2b 3c County 2b							TALLAHASSEE. F	LORIDA	
22 N.W. 79TH STREET 22 N.W. 79TH STREET MIAMI FL 33150-3014 MIAMI FL 33150-3014 MIAMI FL 33150-3014 MIAMI FL 33150-3014 Principal Pace of Business 2a. Maling Address 2a Maling Address 4. FEI Number 2a Suite, Act. 4. etc. 2a 2a Cove & Sale 4. FEI Number 2b Cove & Sale 59-1487903 2a Suite, Act. 4. etc. 2a 2a Cove & Sale 6. Election Carnatagn Financing 2b Cove & Sale 6. Election Carnatagn Financing 2c Cove & Sale 9. Name and Address of New Registered Agent MANNY FIGUEROA, C.P.A. 300 ALHAMBRA CIRCLE 306 ALHAMBRA CIRCLE 20 Cove & Telescone Box 600 Socion 807.600 at Christop, Finded Saude, the above hismed corporation bundle the statement for the purpose of the specified or postered agent MANNY FIGUEROA, C.P.A. 306 ALHAMBRA CIRCLE 306 ALHAMBRA CIRCLE 200 DOTOCES SAUGEN Cover agence or conting the Sale of Point, Sale Alterned Sale Cove water water and address of New Registered Agent 10 Name address of New Registered Agent Prowant to the powerise the Cov	BOB'S	S BRAKE SE	RVICE, II	NC.					
MIAMI FL 33150-3014 MIAMI FL 33150-3014 Dott WHTE IN THIS SPACE Principal Place of Business 2a. Maning Address 4. FR Number 10/1/1972 Suite, Apl. 4. etc. 27 Suite, Apl. 4. etc. 27 Suite, Apl. 4. etc. 27 5. Continuate of Status Dasined Free Required City & State 28 Suite, Apl. 4. etc. 27 Soute, Apl. 4. etc. 28 Soute, Apl. 4. etc. 27 Soute, Apl. 4. etc. 28 Soute, Apl. 4. etc. 29 Soute, Apl. 4. etc. 20	ncipal Plac	e of Business		Mailing Addres	SS	<u></u>	-		
Principal Place of Business 2a. Maling Address 2b. State 2b. State 2c. Conditicate of Status Desired 5b. State 2c. Name and Address of Condition 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name and Address of New Registered Agent 5b. State 2c. Name 2c. Name and Address of New Registered Agent 5b. State 2c. Name 2c. Name 2c. Name 2c. Name 2c. Name 2c. Name 2c. Name 2c. Name 2c. Name 2c. Na									0 5
Principal Place of Business 2m. Mailing Address 4. FE (Number) Applied 5c. Suide, Apt. 4, etc. Suide, Apt. 4, etc. Suide, Apt. 4, etc. 5. Certificate of Salus Desired Fas Required Chr & State 2n Suide, Apt. 4, etc. S. Certificate of Salus Desired State 75.4 Additional Chr & State 2n Country 2n State 0. State 0. 2n 2n 2n Country 8. This corporation oward on a paid the current year inamplete Participal Place of Business of Current Replayered Agent 1n Name and Address of Current Replayered Agent 1n MANNY FIGUEROA, C. P.A. 1n State 1. None and Address of New Reglamered Agent 1n Name and Address of New Reglamered Agent MANNY FIGUEROA, C. P.A. 1n State 1. Address (FO. Box Number's Not Acceptable) 108 308 ATHAMMERA CIRCLE 1n Name and Address of Country 1n 1n Corp Agent State 1n Name and Address of Country is a degraded of Pass and	UT VUT	L LT 22120	-3014	MIAMI	د باء	3150-3014	3. Date Incorporated or Qualified		
Suite, Apt. #. etc. 59 - 1487 90.3 The Apt. Society City & State 27 S. Certificate of Status Desired SR.75 Acaditomal Fee Required City & State 28 State State State Control State Control 20 Country 29 Country State Control State Control State Control 20 Country 29 Country State Control State Control State Control 20 Country 29 Country State Control State Control State Control 20 Country 29 Country State Control State Control State Control 300 Attended Control 20 Country State Control State Control State Control 301 Attended Control State Control State Control State Control State Control 302 Attended Control State Control State Control State Control State Control 303 Attended Control State Control State Control State Control State Control 303 Attended Control State Control State Control State Control State Control 304 Attend Contro State Control State Control <td>Principal P</td> <td>Place of Business</td> <td><u> </u></td> <td>2a. Mailing Add</td> <td>dress</td> <td></td> <td></td> <td></td> <td>Applied For</td>	Principal P	Place of Business	<u> </u>	2a. Mailing Add	dress				Applied For
Control State Country	0						59-1487903		Not Applicable
Zep Country Zep Country Rest Fund Contribution Added to Pleas 20 Country 20 Country 8. This control to ear on the plat the current specific manual biolity sear intamplie No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent MANNY FIGUEROA, C. P. A. 303 ALHAMBRA CIRCLE 20 Sitest Address (PO. Box Number Is Not Acceptable) CORAL GABLES, FL 33134-5004 63 10. Name and Address of New Registered Agent 63 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of champing is registered agent. J abot, the State of Florida Statutes, the above-named corporation submits this statement for the purpose of champing is registered agent. J abot, the State of Florida Statutes, the above-named corporation submits this statement for the purpose of champing is registered agent. J abot, the State of Florida Statutes, the above-named corporation submits the statement for the purpose of champing is registered agent. J abot, the State of Florida Statutes, the above-named corporation submits the statement for the purpose of champing is registered agent. J abot, the State of Florida Statutes, the above same down of directors. I Perebage accept the abot of directors. I Perebage accept the about the agent accept accept the about the purpose of the about the statement of the purpose of the about the accemate accept accept the about the abot of the about the about the	Suile, Apt.	#, etc.			#, elC.		5. Certificate of Status Desired	– \$	
23 29 30 Personal Property Tax due June 30. 20 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent MANNY FIGUEROA, C. P.A. 308 ALHAMBRA CIRCLE 11. Name and Address of New Registered Agent 12. Street Address (PO Box Number Is Not Acceptable) 94 Gity 14 Prisuant to the provisions 00 Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the appointment is registered agent, or both, in the State of Florida, Such change was authorized by the corporations board of directors. Interby accept the appointment is registered agent, or both, in the State of Florida, Such change was authorized by the corporations board of directors. Interby accept the appointment is registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the appointment is registered agent. I and accept the obligation of. Sections 607.0505, Florida Statutes. NATURE Immediate agent of adoresing the statement in the state of Florida. Such change was authorized by the corporation submits this statement for the appointment is registered agent. I and accept the obligation of. Sections 607.0505, Florida Statutes. NATURE Immediate agent and sections for 3000 DIRECTORS 13. ADDUTIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Immediate agent	City & Stat	e			;				
MANNY FIGUEROA, C.P.A. 306 ALHAMERA CIRCLE CORAL GABLES, FL 33134-5004 Image: Street Address (PO. Box Number is Not Acceptable) Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corroration submits this statement for the purpose of changing its registered agent, to him, the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, to him, the State of Broads. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of. Section 507.805, Florida Statutes. NATURE Image: Imag	Zip	<u> </u>	· –			·			
MANNY FIGUEROA, C.P.A. 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the oblighting was authorized by the componation's board of directors. I hereby accept the oblighting was authorized by the componation's board of directors. I hereby accept the oblighting with and accept the obli		9. Name and Add	ress of Current Re	egistered Agent					nt
CORAL GABLES, FL 33134-5004 Image: Control of Control				-		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
Paravant to the provisions of Sections 607 0502 and 607 1506 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent back of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent back of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent back of directors. Thereby accept the appointment as registered agent used agent accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent accept the obligations of, Section 607 0505, Florida Statutes, the domposed agent accept the obligations of, Section 607 0505, Florida Statutes, the dom obligation for the section for the secetion for the section for the section for the section f						83			
Presuant 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 agent, an item state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, an item and the flagstatus.	COPZ	AL CARLES	- HPL	34-5004					
INATURE Signature: typed or printed new of registered agent and the # september (ADPERS) OFFICERS AND DIRECTORS I 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/S/D ROBERT W. IRVINE FRADDESS 416 N. RAINBOW DRIVE SISTREF ADDRESS 42 ADME SISTREF ADDRESS 43 STREF ADDRESS 44 ADV.SISTREF ADDRESS 45 STREF ADDRESS 45 STREF ADDRESS 46 ADV.SISTREF ADDRESS 46 ADV.SIST	COR	AL GABLES,	FL 331.	34-5004				8	5 Zip Code
By-Autre Synder primade argentation degrated and the supplicable (PROTE Regulated Agent and					da Statutes	84 City	poration submits this statement for the pu	FL I	· ·
P/S/D DELETE 11 TITLE Change Addition ET ADDRESS 416 N. RAINBOW DRIVE 13 STREET ADDRESS 13 STREET ADDRESS ST-2P HOLLLYWOOD, FL.33021 DELETE 21 TITLE 20 TITLE ET ADDRESS JOELST 10 ELETE 21 TITLE -10/28/98-01095011 ST-2P DELETE 23 STREET ADDRESS *******150.00 ******150.00 ET ADDRESS 23 STREET ADDRESS ************************************	Pursuant office or ri agent. I a	to the provisions of Se egistered agent, or bo m familiar with, and ac	ctions 607.0502 and th, in the State of Fic cept the obligations	d 607.1508, Flori orida. Such char s of, Section 607		84 City the above-named corp thorized by the corporali- da Statutes.		FL I	nging its registered ant as registered
A16 N. RAINBOW DRIVE 13 STRET ADDRESS SST-2P 14 CITY-ST-2P E 23 STRET ADDRESS ST-2P 23 STRET ADDRESS ST-2P 24 CITY-ST-2P ST-2P 35 STRET ADDRESS ST-2P 35 STRET ADDRESS ST-2P 24 CITY-ST-2P DELETE 31 TITLE ST-2P 24 CITY-ST-2P ST-2P 34 CITY-ST-2P ST-2P 24 CITY-ST-2P ST-2P 25 CITY-ST-2P ST-2P 24 CITY-ST-2P ST-2P 25 CITY-ST-2P	Pursuant office or r agent. I a NATURE	to the provisions of Se egistered agent, or bo in familiar with, and ac Signature, typed or printed name	ctions 607.0502 and th, in the State of Fik cept the obligations me of registered agent and	d 607.1508, Flori orida. Such char s of, Section 607		84 City the above-named corp thorized by the corporali- da Statutes.	red when reinstaling)	Jrpose of chan the appointme DATE	iging its registered ant as registered
ST-2P HOLLYWOOD, FL 33021 14 CITY-ST-2P Et 21 TILE 21 TILE 22 NAME -10./28/98011095011 23 STREET ADDRESS ####150.00 24 CITY-ST-2P 24 CITY-ST-2P DELETE 31 TILE 23 STREET ADDRESS ####150.00 24 CITY-ST-2P Change DELETE 31 TILE 24 CITY-ST-2P Change Addition 32 STREET ADDRESS 32 NAME 33 STREET ADDRESS 32 NAME 33 STREET ADDRESS 32 NAME 33 STREET ADDRESS 32 NAME Change 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-2P 44 CITY-ST-2P Change Addition 42 NAME Change ST-2P 44 CITY-ST-2P Change Addition ST-2P STREET ADDRESS ST-2P Change DELETE STREET ADDRESS ST-2P Change DELETE STREET ADDRESS ST-2P STREET ADDRESS ST-2P STREET ADDRESS	Pursuant office or r agent. I a NATURE	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na P/S/D	ctions 607.0502 and th, in the State of Fik cept the obligations me of registered agent and	d 607.1508, Flori orida. Such char s of, Section 607 title if applicable. RECTORS	(NOTE	84 City s, the above-named corp thorized by the corporation da Statutes. Registered Agent signature required 13. 1 1 TITLE	red when reinstaling)	DATE	nging its registered ent as registered THE TORS IN 12
E 22 NAME -10/28/98-01095-011 ET ADORESS 23 STREET ADDRESS *****150.00 -S1-2P 2 4 CITY-51-2P 2 4 CITY-51-2P E 32 NAME 33 STREET ADDRESS E 32 NAME 33 STREET ADDRESS 44 CITY-51-2P 34 CITY-51-2P Change Addition E 2 NAME S3 STREET ADDRESS 34 CITY-51-2P Change Addition E 2 NAME S3 STREET ADDRESS 34 CITY-51-2P Change Addition E 2 NAME S3 STREET ADDRESS 44 CITY-51-2P Change Addition E 2 NAME S1-2P 44 CITY-51-2P Change Addition E 52 NAME S1-2P 44 CITY-51-2P Change Addition E 52 NAME S1-2P 54 CITY-51-2P Change Addition E1 ADDRESS 53 STREET ADDRESS S1-2P 54 CITY-51-2P E1 ADDRESS 54 CITY-51-2P E1 ADDRESS 63 STREET ADDRESS S1-2P 54 CITY-51-2P	Pursuant office or r agent. I a NATURE	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE	d 607, 1508, Flori orida. Such char s of, Section 607 title if applicable RECTORS	(NOTE	84 City s, the above-named corp thorized by the corporation da Statutes. Registered Agent signature required 13. 11 TITLE 12 NAME	red when reinstaling)	DATE	nging its registered ent as registered RECTORS IN 12
ET ADORESS 23 STREET ADDRESS #####150.00 #####150.00 -ST-2P 24 CITY-ST-ZP Change Addition E 33 STREET ADDRESS 33 STREET ADDRESS Addition 2P 34 CITY-ST-ZP Change Addition 2 NAME 33 STREET ADDRESS 33 STREET ADDRESS Addition 4. 2 NAME 34 CITY-ST-ZP Change Addition 4. 2 NAME Change Addition E 0 DELETE 41 TITLE Change Addition E 0 DELETE 51 TITLE Change Addition E 0 DELETE 61 TITLE 0 Addition Addition E <t< td=""><td>Pursuant office or r agent. I a SNATURE E E E E E E E E E E E E E ST-ZIP</td><td>to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA</td><td>ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE</td><td>d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS</td><td>DELETE</td><td>84 City attabase City thorized by the corporation City da Statutes City 13. City 1 2 NAME City 1 3 STREET ADDRESS City</td><td>red when reinstaling) ADDITIONS/CHANGES TO OFFIC</td><td>DATE CERS AND DIF</td><td>iging its registered ent as registered RECTORS IN 12 Change Addition</td></t<>	Pursuant office or r agent. I a SNATURE E E E E E E E E E E E E E ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City attabase City thorized by the corporation City da Statutes City 13. City 1 2 NAME City 1 3 STREET ADDRESS City	red when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIF	iging its registered ent as registered RECTORS IN 12 Change Addition
-ST-ZIP 2 4 LITY-ST-ZIP E 3 1 TILE E FLODRESS 3 2 NAME ST-ZIP 3 3 STRET ADDRESS 4-ZIP 3 4 CITY-ST-ZIP IDELETE 3 4 CITY-ST-ZIP IDELETE 3 4 CITY-ST-ZIP IDELETE 4 CITY-ST-ZIP IDELETE 4 CITY-ST-ZIP IDELETE 4 STREET ADDRESS -ST-ZIP	Pursuant office or r agent. I a NATURE E E E T ADDRESS -ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City attabase City the above-named corporative Corporative da Statutes City 13 City 11 City 12 NAME 13 STREET ADDRESS 14 City-ST-ZiP 21 TITLE	ADDITIONS/CHANGES TO OFFIC	DATE	RECTORS IN 12 Change Addition
a 2 NAME b 2/P b 2/P c 3/P	Pursuant office or r agent. 1a NATURE E E ET ADDRESS ST-2IP E	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City attabase City the above-named corporative Corporative da Statutes City 13 City 11 City 12 NAME 13 STREET ADDRESS 14 City-ST-ZiP 21 TITLE 22 NAME	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND DIF	TECTORS IN 12 Change Addition
ET 000RSS 3.3 STRET ADDRESS 91 20 3.4 CITY-ST-20 I DELETE 4.1 TITLE 4.2 NAME 4.2 NAME ET ADDRESS 4.3 STRET ADDRESS -ST-20 4.4 CITY-ST-20 I DELETE 5.1 TITLE 4.4 CITY-ST-20 - I DELETE 5.1 TITLE I DELETE 6.1 TITLE I DELETE 6.3 STREET ADDRESS I ST-2IP 6.3 STREET ADDRESS I AD	Pursuant office or r agent. I a NATURE _ E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City a Statutes. City Registered Agent signature required a Statutes. City 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 21 TITLE 23 STREET ADDRESS 2 A CITY - ST-ZIP 24 CITY - ST-ZIP 21 CITY - ST-ZIP	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND DIF CERS AND DIF 010 010 010 010 010 010	RECTORS IN 12 Change Addition
34. CITY - ST - ZIP IDELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS	Pursuant office or r agent. 1a e E E E ADDRESS -ST-ZIP E E ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City a Statutes. City Registered Agent signature required a Statutes. City 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST-ZIP 21 TITLE 23 STREET ADDRESS 24 CITY - ST-ZIP 31 TITLE 31 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND DIF CERS AND DIF 010 010 010 010 010 010	Rectors in 12 Change Addition
E 4 2 NAME ET ADDRESS 4 3 STREET ADDRESS -ST-ZIP 4 CITY-ST-ZIP DELETE 5 1 TITE E 5 2 NAME S 3 STREET ADDRESS 5 3 STREET ADDRESS -ST-ZIP 5 4 CITY-ST-ZIP DELETE 6 1 TITLE E 6 2 NAME E 6 3 STREET ADDRESS ST-ZIP DELETE 6 3 STREET ADDRESS 5 4 CITY-ST-ZIP Addition 6 3 STREET ADDRESS ST-ZIP 0 DELETE 6 3 STREET ADDRESS 5 4 CITY-ST-ZIP Addition 6 3 STREET ADDRESS ST-ZIP 6 3 STREET ADDRESS ST-ZIP 6 3 STREET ADDRESS	Pursuant office or r agent. 1a e E E E E ADDRESS -ST-ZIP E E ST-ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida: Such char s of, Section.607 Ittle if applicable RECTORS	DELETE	84 City a City c City c City r City r City r City Registered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME	ADDITIONS/CHANGES TO OFFIC	DATE DATE CERS AND DIF CERS AND DIF 010 010 010 010 010 010	Rectors in 12 Change Addition
ET ADDRESS 4 3 STREET ADDRESS -ST-ZIP 4.4 CITY-ST-ZIP E 5 2 NAME S 3 STREET ADDRESS 5 3 STREET ADDRESS -ST-ZIP 5 4 CITY-ST-ZIP E 5 2 NAME -ST-ZIP 5 4 CITY-ST-ZIP DELETE 6 1 TITLE E 6 2 NAME ET ADDRESS 5 3 STREET ADDRESS -ST-ZIP 6 3 STREET ADDRESS	Pursuant office or n agent. 1a e e e e e e e e e e e e e e e e e e e	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida. Such char s of, Section.607 Hitle If applicable RECTORS	DELETE DELETE	B4 City a City choized by the corporation da Statutes. Registered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 283010	Rectors in 12 Change Addition Rectors in 12 Change Addition Change Addition Change Addition
-ST-ZIP 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP E DELETE 5 1 TITE Change Addition 5 2 NAME 5 3 STREET ADDRESS -ST-ZIP E DELETE 6 1 TITE 6 1 TITE 6 1 TITE 6 3 STREET ADDRESS -ST-ZIP E Addition E T ADDRESS -ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP	Pursuant office or n agent. 1a e e e e e e e e e e e e e e e e e e e	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida. Such char s of, Section.607 Hitle If applicable RECTORS	DELETE DELETE	84 City and the sequence of the corporation of the	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 283010	Rectors in 12 Change Addition Rectors in 12 Change Addition Change Addition Change Addition
E 5 2 NAME EF ADDRESS 5 3 STREET ADDRESS -ST-ZIP 5 4 CITY - ST - ZIP E 6 1 TITLE E 6 2 NAME ET ADDRESS 6 3 STREET ADDRESS -ST - ZIP 6 4 CITY - ST - ZIP Addition 6 3 STREET ADDRESS -ST - ZIP 6 4 CITY - ST - ZIP	Pursuant office or r agent. 1a E E ET ADDRESS -ST-2IP E E COORESS -ST-2IP E E COORESS -ST-2IP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1508, Flori orida. Such char s of, Section.607 Hitle If applicable RECTORS	DELETE DELETE	B4 City Statutes. City Registered Agent signature required by the corporation of the corporat	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 283010	Rectors in 12 Change Addition Addition Addition Change Addition
ET ADDRESS 5 3 STREET ADDRESS - S1-2IP 54 (JTY-ST-2IP L DELETE 61 (ITLE ET ADDRESS 63 STREET ADDRESS - S1-2IP 63 STREET ADDRESS - S1-2IP 64 (ITY-ST-2IP)	Pursuant office or n agent. 1 a e e e t ADDRESS -ST- 2IP e e t ADDRESS -ST- 2IP e e t ADDRESS -ST- 2IP e t ADDRESS -ST- 2IP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	INOTE DELETE DELETE DELETE	B4 City Statutes. City	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	Iging its registered ent as registered TECTORS IN 12 Change Addition (1951)11 ***150.00 Change Addition
S1-2IP 5.4 CiTY-ST-2IP L DELETE 6.1 TiTLE Et ADDRESS 6.3 STREET ADDRESS G.3 STREET ADDRESS IST-/IP 9.4 CiTY-ST-2IP	Pursuant office or n agent. 1a e e e e t ADDRESS -ST-2IP e e t ADDRESS -ST-2IP e e t ADDRESS -ST-2IP e e t ADDRESS -ST-2IP e e t ADDRESS -ST-2IP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	INOTE DELETE DELETE DELETE	B4 City Statutes. City	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	Iging its registered ent as registered TECTORS IN 12 Change Addition (1951)11 ***150.00 Change Addition
6 2 NAME 6 3 STREET ADDRESS 51-7/P 6 4 CITY-ST-7/P	Pursuant office or r agent. I a INATURE E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP E ET ADDRESS -ST- ZIP	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	INOTE DELETE DELETE DELETE	B4 City Statutes. City	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	Iging its registered ent as registered TECTORS IN 12 Change Addition (1951)11 ***150.00 Change Addition
ET ADDRESS -ST-/IP	Pursuant office or r agent. I a INATURE E E E E E E E E E E E E E E E E E E	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	DELETE DELETE DELETE DELETE	B4 City Statutes City	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	iging its registered ent as registered EECTORS IN 12 Change ☐ Addition Change ☐ Addition Change ☐ Addition Change ☐ Addition
-ST- /IP 6.4 CITY-ST-ZIP	Pursuant office or r agent. I a INATURE	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	DELETE DELETE DELETE DELETE	B4 City Statutes. City	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	iging its registered ent as registered EECTORS IN 12 Change ☐ Addition Change ☐ Addition Change ☐ Addition Change ☐ Addition
	Pursuant office or r agent. I a SNATURE	to the provisions of See egistered agent, or bo m familiar with, and ac Signature, typed or printed na- P/S/D ROBERT W 416 N. RA	ctions 607.0502 and th, in the State of Fic cept the obligations and dregistered agent and OFFICERS AND DII IRVINE AINBOW DE	d 607.1503, Flor orida. Such char s of, Section.607 Ititle if applicable. RECTORS	DELETE DELETE DELETE DELETE	B4 City Statutes. City Projected by the corporation of	ADDITIONS/CHANGES TO OFFIC	DATE DATE DERS AND DIF 38-010 0.00 *	iging its registered ent as registered EECTORS IN 12 Change ☐ Addition Change ☐ Addition Change ☐ Addition Change ☐ Addition



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/contagt/this office.

truly/yours, Figueroa MF/mr

Encl.

cc: Robert W. Irvine w/o encl.



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 nacessary 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

Maimy Ligadi

MF/mr

cc: Mr. Bob Irvine