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

DOCUMENT # 413065

MAC'S AUTO AND TOOL SUPPLY, INC.

Principal Place of Business Mailing Address						911 A1811 81811 81811 914	
4225 S.W. 57TH AVENUE . 4225 S.W. 57TH AVENUE FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314			•		DO NOT WRITE IN T	HIS SPACE	
		i e			3. Date Incorporated or Qualifed 11/17/1972		
⊢	ace of Business	2a. Mailing Address			4. FEI Number 59-1454236	<u> </u>	lied For Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 AG	iditional :
22		<u> </u>			5. Certificate of Status Desired	Fee Req	uired
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	, , , , , , , , , , , , , , , , , , , ,	8. This corporation owes the current year	r Intangible	
24	25	29 3	0		Personal Property Tax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent	
		· · · · · ·	81	Name	. •		
	IE K. CRONIN SW 35 AVE	ino.	82	Street Add	ress (P.O. Box Number is Not Acceptable)	A	
	AUDERDALE FL 33312		83				
			84	1	च्या पर्या क्रिक्त सम्बद्धि विकासका अपूर्णि कि राग प्र	FL 85 Zip C	
	egistered agent, or both, in the State on the state of the mailing with, and accept the obligat	ions of, Section 607.0505, Floric	ia Statute:	the corporati 3.	poration submits this statement for the purposion's board of directors. I hereby accept the a statement for the purposion's board of directors. I hereby accept the a statement for the purposion's board of directors.		istered
	Signature, typed or printed name of registered agent		13.	in alguature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	PRES	□ DELETE	1.1 TITLE		59 (5) 260	☐ Change	Addition
	CRONIN, DIANE K		1.2 NAME		***********		:
NAME	2300 SW 35 AVE			T ADDRESS	:		
STREET ADDRESS	FT LAUDERDALE FL 33312		1.4 CITY-1				
CITY-ST-ZIP	ST ST	☐ DELETE	2.1 TITLE	,, _,		☐ Change	☐ Addition
1 ,	MCGLAUTHEN, CATHERINE A.	<u> </u>	2.2 NAME				
NAME	2300 S.W. 35TH AVENUE		E .	T ADDRESS			. _
STREET ADDRESS	FT LAUDERDALE FL 33312		.2.4 CITY-				
CITY-ST-ZIP	VP	DELETE	3.1 TITLE	9,,24,37,14		Change	☐ Addition
NAME /	[是文] 主展 美紙	HC.	3.2 NAME		, ,	•	
STREET ADDRESS	9685 2ND ST. N.	it str.		ET ADDRESS			F. 3
CITY-ST-ZIP	ST. PETERSBURG FL 33702	DELETE	3.4. CITY- 4.1 TITLE			Change	. Addition
TITLE		□ DELETE	4.1 HILE 4. 2 NAME	l	The second secon	, •	_
NAME	Light of the state			- 1			
STREET ADDRESS		$^{2}=_{30}r_{2}, , \qquad ret_{1}^{2}=\frac{1}{4}$	li .	TADDDEEC		•	
		1 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.3 STRE	ET ADDRESS			
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CITY-ST-ZIP		Control (Control (Co	4.3 STRE 4.4 CiTY- 5.1 TITLE	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME			4.3 STREI 4.4 CiTY- 5.1 TITLE 5.2 NAME	ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 STRE 4.4 CiTY- 5.1 TITLE 5.2 NAME 5.3 STRE	ST-ZIP ET ADORESS		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	mes	☐ DELETE	4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY-	ST-ZIP ET ADORESS ST-ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.3 STRE 4.4 CiTY- 5.1 TITLE 5.2 NAME 5.3 STRE	ST-ZIP ET ADDRESS ST-ZIP		☐ Change	

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 changes. On an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURÉ

FILED

Feb 06, 1999 8:00am

Secretary of State

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