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



Katherine Harris

COR ANNU	PROFIT PORATION IAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90150 041 ***150.00
1. Corporation	MENT # 417696 AUTO CORP.					I ARRANI MIRRI INDIA NAMBA MINDI
	·					
Principal Place of Business 927 S STATE ROAD 927 S STATE ROAD 927 S STATE RD 7 PLANTATION FL 33317 US Mailing Address 927 S STATE RD 7 PLANTATION FL 33317 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed
						01/26/1973
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For Sp-1454413 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite. Apt. #. etc.			\$8.75 Additional
22	27				5. Certificate of Status Desired	
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country Zip C					8. This corporation owes the current year Intangible
24	4 25 29 30 30 9. Name and Address of Current Registered Agent					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	K Registered Agent		81	Name	10. Humb und Adams of How Hogister - 1944
DESORCY, RICHARD					01	ddaga (D.O. Barraklandar in Not Associable)
1711 SW 67 TERRACE				82	Street At	ddress (P.O. Box Number is Not Acceptable)
PLANATATION FL			83			
			-	84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the ab	ove-	named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obliga	tions of, Section 607.0505, Florida	Statut	tes.		,
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE: Re	nistered È	Anent •	ionature ren	juired when reinstating) DATE
12.		ID DIRECTORS	13.	Agein (agriaturo roq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITL	LE		☐ Change ☐ Addition
NAME	DESORCY, RICHARD		1.2 NAA	ME		
STREET ADDRESS	1711 SW 67 TERRACE			REETA	DORESS	,
CITY-ST-ZIP	PLANTATION FL			Y-ST-	ZIP	☐ Change ☐ Addition
TITLE	\$	☐ DELETE	2.1 TITL		-	Change (1 Addition)
NAME	DESORCY, ADDIE		2.2 NAN			
STREET ADDRESS			2.3 STF		DDRESS	
CITY-ST-ZIP TITLE	D D	☐ DELETE	3 1 TITL		ZIP	☐ Change ☐ Addition
NAME	DESORCY, RICHARD		3.2 NAM	ME		
STREET ADDRESS			3.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	PLANTATION FL			3.4. CITY- ST-ZIP		<u> </u>
TITLE		☐ DELETE	4.1 TIT	ΓE		☐ Change ☐ Addition
NAME			4. 2 NA	ME		
STREET ADDRESS					DDRESS	
CITY-ST-ZIP				4 4 CITY-ST-ZIP 5 1 TITLE		☐ Change ☐ Addition
TITLE			5 1 111L			
NAME STREET ADDRESS					DDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE		☐ DELETE	6.1 TITL		$-\dagger$	Change [] Addition
NAME			6.2 NAM	ME		

CITY-ST-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 adarthment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS