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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 523551 1. Corporation Name

FILED Feb 25, 1999 8:00 am Secretary of State

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| TALISMA | AN MOTOR COMPANY | | • | | | | <u>}</u> | | | |
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| Principal Place | e of Business | Mailing Address | | | | | 3 11 01 010 11 0 14 - |) 14 W W W | | , 191811 (1881 |
| 35247 REYNOLI | DS AVE | 35247 REYNOLDS AVE | | | | | | | | |
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| | • | _ | | | | 3. Date incorporated or Qualifed | | | | |
| | | | | | | 01/12/1977 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | Appli | ed For |
| 21 | | 26 | | | | 59-1711193 | | | Not A | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | _ | | 5. Certifcate of Status Desired | - | \$8.7 | 5 Add | diti <u>o</u> nal |
| 22 | | 27 | | | | C. Certificate of Citates Desired | | Fee | Requ | uired |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | | 00 м | |
| 23 | | 28 | | | | Trust Fund Contribution | | | ed to | Fees |
| Zip | Country | Zip | Coun | ntry | | 8. This corporation owes the current | nt year Inta | ingible ∐Yes | _ |]No |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. 10. Name and Address of New Re | agistered A | | | |
| | 9. Name and Address of Current | Registered Agent | | 81 | Name | 10. Haite and Address of New No. | gistorea | 3011 | | |
| 1 AL11 | MER, FRANK | | L | | | | | | | |
| | 17 REYNOLDS AVE | | [: | 82 | Street Addr | ess (P.O. Box Number is Not Acceptab | ole) | | | ļ |
| | E CITY FL 3352\$ 3 | • | Į, | 83 | | | | | | |
| 5.15 | - c cocc, 5 | | | | | | | 11.2 | | |
| | | | } | 84 | City | | FL | 85 2 | Zip Co | de |
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| office or r agent. I a | | | | | | oration submits this statement for the pon's board of directors. I hereby accept | the appoin | tment a | s regis | stered |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | | | | oration submits this statement for the pon's board of directors. I hereby accept divide the reinstating) ADDITIONS/CHANGES TO OFF | DATE | | | |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOT | E: Registered A | Agent s | | d when reinstating) | DATE | | CTOR | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOT D DIRECTORS | E: Registered / | Agent s | | d when reinstating) | DATE | D DIREC | CTOR | S IN 12 |
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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 of 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 attaction of the corporation of the corp indicated on this annual report or supplemental officer or director of the corporation or the recei Block 12 or Block 13 if Changed, of on an attact

SIGNATURE:

EQUIRED