**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90134 007 \*\*\*150.00

## 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 # 554681

1. Corporation Name

DOUG'S AUTOMOTIVE WAREHOUSE, INC.

						! ( <b>                                   </b>		
Principal Place of Business Mailing Address								
7335 NW 66 ST 7335 NW 66 ST								
MIAMI FL 3316	6	MIAMI FL 33166	MIAMI FL 33166			DO NOT WRITE IN THE CRACE		
US		US	US		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		
						10/28/1977		
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>			4. FEI Number		plied For
21		26				<u>59-1781949</u>		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & 5 ta	le	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	ĺ⊒No
	9. Name and Adcress of Current Registered Agent					10. Name and Address of New Register	ed Agent	
				81	Name			
SUSAN GRAHAM				82 Street Addre		(DO D. N. Leeis Net Assessable)		
733	5 NW 66 ST		8		Street Ac	Idress (P.O. Bo) Number is Not Acceptable)		
1920	0 NE 124 ST			83				
- MIA	MI FL 33166							
, ,,,,,				84	City		85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Stat	tutes, the al	ove-	named co	rporation submi s this statement for the purpose	of changing its	registered
office of I	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change was ligations of Section 607 0505. F	authorized Iorida Stati	l by t	he corpora	ation's board of directors. I hereby accept the ap	r ointment as re	g sterea
_	in lamilal with and acaept the op	ilgations of, obstant control of						
SIGNATUFE	Signature, typed or printed na ne of registered	agent and title if applicable. (NC	T :: Registered	Agent	signature requ	ined when reinstating) DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	F:S IN 12
TITLE	PD	☐ DELETE	1.1 TIT	l.E			Change	Addition
NAME	GRAHAM, DOUGLAS		1.2 N					
STREET ADDRESS 7335 NW 66 ST			1.3 STREET		AUDBESS			Į
	MIAMI FL 33166							
TITLE	STD	☐ DELETE	1.4 CF 2.1 TH		ZIP		Change	Addition
		( Dece. 6			i		Ç	
NAME	GRAHAM, SUSAN			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS 7335 NW 66 ST			- 1		1			ļ
CITY-ST-ZIP	MIAMI FL 33166	Ti nevere	2.4 CIT		- ZIP		Chanca	[ ] Addition
TITLE		☐ DELETE	3.1 T(1				Change	Addition
NAME			3.2 NA	ME				
STREET ADDRE 3S			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	<del></del>		3.4. CI	TY-ST	-ZIP			
TITLE		☐ DELETE	4.1 ∏	LE			Change	Addition
NAME			4. 2 N/	AME				
STREET ADDRE S			4.3 ST	REET /	ADDRESS			
CITY-ST-ZIP			4.4 CF	Y-ST-	.ZIP			
TITLE		☐ DELETE	5.1 T(1		$\overline{}$		☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS	xORE \S		5.3 ST	5.3 STREET ADDRESS				
_				5.4 CITY-ST-ZIP				
CITY-ST-ZIP				1 TITLE			☐ Change	Addition
1	1		1	2 NAME				
NAME				6.3 STREET ADDRESS				
STREET ADDRESS	1		6.3 ST	KEET /	AL/URESS			

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 receivar 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, with a I other like empowered.

6.4 CITY-ST-ZIP