Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90066 040 ***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	# !	55	85	53
4 Composition Name		-	-	-

DOCUN 1. Corporation	MENT # 558553							
1. Corporation	DS AUTOMOTIVE SPECIALI	TES, INC.						
Principal Place	e of Business	Mailing Address				L LEGIQI TIIBI CHICI IAAD BUUI AHED	I THE MEMER MEMER MEMER MEMER AND A	
4585 PROGRES	SA AVE	4585 PROGRESS AVE						
NAPLES FL 341	04	NAPLES FL 34104				DO NOT WRITE	IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed		
:						01/01/1978		
2. Principal Pl	ace of Business	2a. Mailing Address		_		4. FEI Number	Ap	plied For
21		26				59-1787886		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		,	_	5. Certificate of Status Desired	□	
22		City & State				a El Di O suntin Elsantin		
City & State	8	City & State				6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	• 1
Zip	Country	Zip	Country	,		8. This corporation owes the curren		-
24	25	29 30				Personal Property Tax.		X No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New Re	gistered Agent	
KRUI	KOW, MANFRED							
751 104 AVE N.		Street	Address	s (P.O. Box Number is Not Acceptable	ie)			
!		83						
			84	City			85 Zip (Code
				- 7			FL `	
11. Pursuant	to the provisions of Sections 607 0502 egistered agent, or both, in the State of	and 607,1508, Florida Statutes,	the above	e-named	corpora	ition submits this statement for the pu s board of directors. I hereby accept t	urpose of changing its the appointment as re	registered gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes			, , ,		
SIGNATURE	MANFRED KRUKOW Signature, typed or printed name of registered agent	and title if postpools (NOTE: Br	raintered Ace	of signature f	required wit	nen reinstating)	1-26-99	
12.	OFFICERS AND		13.	orginale		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME.	Krukow, Manfred		1.2 NAME					
STREET ADDRESS	751 104 AVE		1.3 STREE	TADDRESS		•		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-S	T-ZIP	_			□ Addition
TITLE	VST	☐ DELETE	2.1 TITLE		ļ		Change	Addition
NAME	KRUKOW, CATHERINE A		2.2 NAME					•
STREET ADDRESS	751 104 AVE			TADDRESS				
CITY-ST-ZIP TITLE	NAPLES FL VD	□ DELETE	2.4 CITY-5 3.1 TITLE	51-ZIP		·	∑ Change	☐ Addition
NAME	Krukow, G. E		3.2 NAME		L KO	WANN FRIC J.	•	
STREET ADDRESS	A 440T 0111			TADDRESS	261	UKOW, ERIC J. 7 LONGBOAT DRIVE		
CITY-ST-ZIP	NAPLES FL 3416		3.4. CITY-5	ST-ZIP	NA	PLES , F1 34104		
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	KRUKOW, CATHERINE A.		4. 2 NAME					
STREET ADDRESS	751 104 AVE, N.		4.3 STREE	TADDRESS				
CITY-ST-ZIP	NAPLES FL	Cheiere	4.4 CITY-S	T-ZIP	+		Change	Addition
TITLE	VD	☐ DELETE	5.1 TITLE 5.2 NAME		KD	lukow, ALYSSA	<u>ps</u> change	
NAME	KRUK, ALYSSA			T ADDRESS	1	MANON , MALOUN		
STREET ADDRESS	751 104 AVE N NAPLES FL 34108		5.4 CITY S			•	•	
CITY-ST-ZIP	INAPLES PL 34100	[] DELETE	61 TITLE		1	<u> </u>	Change	□ Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing doe indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver or trusted Block 12 or Block 13 if changed, or on an attachment with a property of the corporation of the receiver or trusted block 12 or Block 13 if changed, or on an attachment with a property or trusted by the corporation of the receiver or trusted block 12 or Block 13 if changed, or on an attachment with a property or trusted by the corporation of the receiver of the corporation of the of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and faccurate and that my signature shall have the same legal effect as if made under oath; that I am an improve the this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Manfred

NAME

STREET ADDRESS