Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90135 017 ***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 # 666303

1. Corporation Name

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SABAL C	CHASE SERVICE & TIRE CE	NTER, INC						
Principal Place	e of Business	Mailing Address				T (90)(9 D)(1) D(1) D(1) D(1) D(1) D(1) D(1) D(1	ilt Bigit of	Ant Reden (Ad)
12019 S.W. 117 COURT 12019 S.W. 117 COURT MIAMI FL 33186 MIAMI FL 33186						DO NOT WRITE IN THIS SPA	CE	
						3. Date Incorporated or Qualifed	<u> </u>	
						T		
- DI D	form of Decisions	2a, Mailing Address				04/09/1980 4. FEI Number	Apr	olied For
						59-2007174	<u> </u>	Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc.								dditional
<u>├</u>						5. Certificate of Status Desired	Fee Red	
City & State City & State						6. Election Campaign Financing	5.00	May Re
23						1 0 1	Added to	- 1
			Count	try	•	8. This corporation owes the current year Intangib	le	
24	25	29 30]			Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Ager	ıt	
,			1	81	Name			
MAYERS, RANDALL S.				82	Street Add	dress (P.O. Box Number is Not Acceptable)	<u>_</u>	
12019 S.W. 117 COURT								
MIAMI FL 33186				83				\
1			ļ.,	84	City	85	Zip C	nde.
				•	City	FL °	′	,,,,,
l office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	orizea i	DV U	-named cor he corporat	rporation submits this statement for the purpose of char tion's board of directors. I hereby accept the appointme	ging its nt as rec	registered gistered
SIGNATURE		ALCTS De	nintered A	\annt	eignotuse room	red when reinstating) DATE		
40	Signature, typed or printed name of registered agen	D DIRECTORS	13.	-you	Signatore requi	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
12.	P	DELETE	1.1 TITL	E			Change	Addition
NAME			1.2 NAME		- 1			
STREET ADDRESS	10000 011 0000 115				ADDRESS			
ļ.	Language and the second			Y-ST-	l			\$
CITY-ST-ZIP			2.1 TITL	_	- 237		Change	Addition
NAME			2.2 NAM					
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP	and the state of the company of the		2.4 CIT					<u> </u>
TITLE				3.1 TITLE			Change	Addition
NAME	-		3.2 NAME					
STREET ADDRESS	A THE A STATE OF LAND		3.3 STREET ADDRESS		ADDRESS			
	8 81 8 8 8 7 9			3.4, CITY-ST-ZIP				{
CITY-ST-ZIP				1.1 TITLE			Change	☐ Addition
NAME	İ		4.2 NA					
STREET ADDRESS	 .				ADDRESS]
CITY-ST-ZIP	, and the second			4.4 CITY-ST-ZIP				
TITLE				5.1 TITLE			Change	Addition
					r			,

6.4 CITY-ST-ZIP 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 attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

BISMALLES RIKANOGISDMATERS SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR

21-12 85

3052555997

Change

☐ Addition