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

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

City & State

Zip

22

24



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 685314

WILBUR'S AUTO SERVICE, INC.

Principal Place of Business Mailing Address

561 S.W. 8TH STREET
C/O VICTOR WILBUR
MIAMI FL 33130 MAMI FL 33130

2. Principal Place of Business 2a. Mailing Address

Country

26

27

29

Suite, Apt. #, etc.

City & State

Zip

MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1980

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90054 029 ***150.00

5. Certificate of Status Desired Fee Required

6. Election Campaign Financing

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

81 Name

WILBUR, VICTOR

561 S.W. 8TH STREET

MIAMI FL 33130

82 Street Address (P.O. Box Number is Not Acceptable)

83 Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

30

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE 1.1 TITLE TITLE 1.2 NAME WILBUR, VICTOR NAME 31445 S.W. 191ST AVE. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP ☐ DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME WILBUR! HARTMAN NAME 2.3 STREET ADDRESS 31445 S.W. 191ST AVE. STREET ADDRESS HOMESTEAD FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ---- Addition DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change 4.1 TITLE □ DELETE TITLE NAME 4.3 STREET ADDRÉSS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE profit than sim 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 11, 99

305-856-2155

Daytime Phone

CR2E034 (11/98)