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AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 12:52

DOCUMENT # F62013

1. Corporation Name

TECHNICAL AUTOMOBILE CENTER, INC.

Principal Place of Business

Mailing Address

4100 Davie Blvd.

Fort Lauderdale, FL 33317

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

January 29, 1982

4. FEI Number

16-03-24527826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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9. Name and Address of Current Registered Agent

Elizabeth Colitto
2866 NW 55 Avenue, #1B
Lauderhill, FL 33313

10. Name and Address of New Registered Agent

81 Name

Francisco M. Juarez

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

4100 Davie Blvd.

83

84 City

Port Lauderdale

FL

85 Zip Code

33317

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.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME Elizabeth Colitto
STREET ADDRESS 2866 NW 55 Avenue, #1B
CITY-ST-ZIP Lauderdale, FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/VP/S/T/C/D ☒ Change ☐ Addition
1.2 NAME Francisco M. Juarez
1.3 STREET ADDRESS 4100 Davie Blvd.
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33317

2.1 TITLE 600003045998 ☒ Change ☐ Addition
2.2 NAME -11/16/99--01078--005
2.3 STREET ADDRESS *****61.25 *****61.25
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)