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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # F77123 1. Corporation Name

BERLIN'S AUTO PARTS, INC.

DENLIN C	AUTO FAITIS, INC.							
Principal Place	of Business	Mailing Address	-			LIMBURE 111 IAGU IESEL LISTE ILEGE (III MISI		
% ROBERT OWEN BERLIN		% ROBERT OWEN BERLIN						
7410 S BEDFORD ROAD		7410 S BEDFORD ROAD				DO NOT WRITE IN THIS	SPACE	
FLORAL CITY FL 34436		FLORAL CITY FL 34436						
us .		US				3. Date Incorporated or Qualifed 04/21/1982		
	• •					4. FEI Number		Applied For
2. Principal Pla	ace of Business	2a. Mailing Address				59-2208094	<u> </u>	lot Applicable
21		26				39 2200094	<del></del>	Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required
22	<u> </u>	27	<u> </u>			a Si da Carraia Sinancia		0 May Be
City & State	<u> </u>	City & State				6. Election Campaign Financing Trust Fund Contribution		to Fees
23		28	Cou	ntn.		8. This corporation owes the current year In		
Zip	Country	Zip		ilu y		Personal Property Tax.	Yes	□No
24	25	29	30			10. Name and Address of New Registered	Agent	
	9. Name and Address of Current	Registered Agent		81 N	Name	10. 112110 4111	<u> </u>	
REDI	JN, JOHN R						1	· .
8680702	E BAYMEADOWS DR			<b>82</b> S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
INVERNESS FL 34450				83			15.315.733	136, 241, 61
HAAE	MILOS I E 04400					[2] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	•			84 C	City	F	85 Zij	p Code
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office or no signature of the signature	egistered agent, or both, in the State of m familiar with, and accept the obligat   Line Burling, Tott.  Signature, typed or printed name of registered agent	ions of Section 607.0505; Flo  W BERLIN PRES  Land title if applicable. (NOTE	rida Stat	utes.	Corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	of changing in ointment as	9
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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.

6.4 CITY+ST-ZIP

SIGNATURE

STREET ADDRESS

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90025 035 \*\*\*150.00