Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90006 031 ***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**

CICANESE PERFORMANCE PARTS, INC. Principal Place of Business Mailing Address 4080 DUNCAN RD. PUNTA GORDA FL 33982 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/21/1982 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 4. FEI number 18-0001227 Not Applied For 18-0001227 Suite, Apt. #, etc. 27 City & State City & State 28 City & State City & State 29 30 Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees No 9. Name and Address of Current Registered Agent 81 Name CICANESE, JOHN 30306 HOLLY RD. 82 Street Address (P.O. Box Number is Not Acceptable)
Principal Place of Business 4080 DUNCAN RD. PUNTA GORDA FL 33982 2. Principal Place of Business 3. Date Incorporated or Qualifed 04/21/1982 3. Pate Number 3. Pool 1227 3. Not Applied For 18-0001227 5. Certifcate of Status Desired 5. Certifcate
Principal Place of Business 4080 DUNCAN RD. PUNTA GORDA FL 33982 2. Principal Place of Business 3. Date Incorporated or Qualifed 04/21/1982 3. Pate Number 3. Pool 1227 3. Not Applied For 18-0001227 5. Certifcate of Status Desired 5. Certifcate
PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 DO NOT WRITE IN THIS SPACE
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/21/1982 2. Principal Place of Business 2a. Mailing Address 25 26 3. Date Incorporated or Qualifed 04/21/1982 4. FEI Number 18-0001227 5. Certificate of Status Desired 5. Certificate of Status Desired 7 City & State 7 City & State 7 Country 7 Country 7 Personal Property Tax. 7 Personal Property Tax. 7 Non Applicable 81 Name CiCANESE, JOHN 30306 HOLLY RD. Suite, Apt. #, etc. 5. Certificate of Status Desired 7 Not Applicable 82 Required 85.00 May Be 6. Election Campaign Financing 7 Fee Required 85.00 May Be 7 Trust Fund Contribution Added to Fees 81 Personal Property Tax. 9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
3. Date Incorporated or Qualifed O4/21/1982 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Country 2. Description owes the current year Intangible Personal Property Tax. 2. Principal Place of Business 2. Applied For Not Applicable 18-0001227 2. Not Applicable 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 5. Certificate of Status Desired Fee Required 5. City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 2. Principal Place of Business 4. FEI Number 18. The Contribution Fee Required 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 7. Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 2. Principal Place of Business 4. FEI Number 18. The Contribution Fee Required Fee Required 19. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent 19. Name 19.
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Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci
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Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent CICANESE, JOHN 30306 HOLLY RD. 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent CICANESE, JOHN 30306 HOLLY RD. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
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CICANESE, JOHN 30306 HOLLY RD. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
30306 HOLLY RD. Street Address (P.O. Box Number is Not Acceptable)
30306 HOLLY HD.
PUNTA GORDA FL 33982
84 City FL 85 Zip Code
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, types of principal name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ΠΤΙΣ P □ DELETE 1.1 ΠΠΕ □ Change □ Addition
NAME CICANESE, WILLIAM 1.2 NAME
STREET ADDRESS 39381 WASHINGTON LOOP RD 1.3 STREET ADDRESS 1.3 STREET ADDRESS
CITY-ST-ZIP PUNTA GORDA, FL 00000 1.4 CITY-ST-ZIP
TITLE VT DELETE 2.1 TITLE Change Addition
NAME CICANESE, JOHN 22 NAME
STREET ADDRESS 30306 HOLLY RD. 2.3 STREET ADDRESS 2.3 STREET ADDRESS
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CITY-ST-ZIP PUNTA GORDA FL 34.CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

Addition