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	#.	G7	'nΩ	85
1. Corporation Name		v.	U	UU

AARDVARK MOTORS, INC.

Mailing Address Principal Place of Business

3003 SOUTH CONGRESS AVENUE PALM SPRINGS FL 33461

3003 SOUTH CONGRESS AVENUE PALM SPRINGS FL 33461



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed			
					01/17/1984			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			
21		26			59-2360027 Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required			
22		27 City 8 Ct-ty						
City & State	3	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	28 7in	Country					
Zip	Country	Zip	- ·	,	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	25	29 30	<u>'l</u>		10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent	81	Nan	Name			
CODINCED DODGOT H				VI Name				
SPRINGER, ROBERT H. 3003 SOUTH CONGRESS AVENUE		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	A SPRINGS FL 33461		83					
			84	City	City 85 Zip Code			
			04	City	FL S Expenses			
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-nam	named corporation submits this statement for the purpose of changing its registered			
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was auth	onzed by	the co	e corporation's board of directors. I hereby accept the appointment as registered			
SIGNATURE	Signature, typed or printed name of registered agent	MOTE Po	nintered Ace	ot example	ignature required when reinstating) DATE			
12.	OFFICERS AND		13.	ar arginari	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	□ DELETE	1.1 TITLE		☐ Change ☐ Addition			
	SPRINGER, ROBERT H.		1.2 NAME		•			
NAME	3003 SOUTH CONGRESS AVE.		1.3 STREE	T 40000	DODES			
STREET ADDRESS	PALM SPRINGS FL							
CITY-ST-ZIP	PALM SPHINGS FL	☐ DELETE	1.4 CITY-S 2.1 TITLE	11-ZIP	☐ Change ☐ Addition			
TITLE		- Deterie	i					
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE					
CITY-ST-ZIP	- .		2.4 CITY-	ST-ZIP	ZIP Change Addition			
TITLE		☐ DELETE	3.1 TITLE					
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRE	DORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRÉ	DDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE	•	☐ DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRE	DDRESS			
CITY-ST-ZIP			5.4 CITY-9	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRE	DDRESS			
U11/CC1 ADDINESO			I					

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: