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PROFIT CORPORATION ANNUAL REPORT

1999

TOTAL CHROME, INC.

DOCUMENT # G90246



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90084 014 ***150.00

) ISCHIL BLIE (SIII GANA ISCH GEN GEN AND GROUP
ncipal Place of Business	Mailing Address	
RAVENSWOOD RD.	5201 RAVENSWOOD RD.	

Principal Place of Business 5201 RAVENSWOOD RD. SUITE 101 FT. LAUDERDALE FL 33312 Mailing Address 5201 RAVENSWOOD RD. SUITE 101 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312				12				
		TI LAUDENDALE PL 33	312			DO NOT WRITE IN THIS SPACE	<u> </u>	
1						3. Date Incorporated or Qualified		
2. Principal	Place of Business	2a. Mailing Address				01/25/1984		
21	•	26				4. FEI Number	Applied For	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				59-2366602	Not Applicable	
City & Sta	- ,	27					75 Additional e Required	
23	ate	City & State				6. Election Campaign Financing CF	.00 May Be	
Zip	Country	28 Zip				- - - - - - - - - -	ded to Fees	
24	3		Coun	try		8. This corporation owes the current year Intangible		
	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30			Personal Property Tax. Yes	□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
[GO	LDSTEIN, JULIE		[8	B1	Name			
	1 RAVENSWOOD ROAD		<u> </u>	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TE 101			-1	D. 1001710010	oss (r.o. box Number is Not Acceptable)		
	RT LAUDERDALE FL 33312		ξ	33			-	
, ,	DIODENDALL IC 33312		<u> </u>	14 (016.			
				- T - 1	City	FL 85 2	Zip Code	
11. Pursuant	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abo	ve-n	amed corpo		. No operations of	
agent, I a	am familiar with, and accept the obligation	of Florida. Such change was a ations of, Section 607 0505, Fig.	authorized b	y the	 corporation 	pration submits this statement for the purpose of changing n's board of directors. I hereby accept the appointment as	is registered	
SIGNATURE			orida Otatale	23.			· ·	
	Signature, typed or printed name of registered age		E: Registered Ag	ent sic	mature required t	when reinstating) DATE		
12,	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	77000 11/40	
TMLE	PD	DELETE	1.1 TITLE			Chan		
NAME	GOLDSTEIN, JULIE		1.2 NAME			- Colland	Ac Myodinon	
STREET ADDRESS	5201 RAVENSWOOD RD		1.3 STREET ADDRESS		ORESS			
CITY-ST-ZIP	FT LAUDERDALE FL	_	1.4 CITY-	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE					
NAME]		22 NAME			Chang	ge ☐ Addition	
STREET ADDRESS	, .		2.3.STREE	2.3 STREET ADDRESS		• • •	J	
CITY+ST-ZIP			2. 4 CITY-		- 1			
TITLE		☐ DELETE	3.1 TITLE	01-21	 -			
NAME	1		3.2 NAME			☐ Chang	e 🗌 Addition	
STREET ADDRESS			3.3 STREE	T ADV	pece			
CITY-ST-ZIP					- 1		}	
TITLE		O DELETE	3.4. CITY-1	01-ZIP				
NAME		_ -	4. 2 NAME		J	☐ Chang	e 🗌 Addition	
STREET ADDRESS			4.3 STREE		0000		ļ	
CITY-ST-ZIP					4C35			
TITLE		DELETE	4.4 СЛУ-S 5.1 TITLE	t-2P	-+			
NAME		<u></u>	5.1 MAME			☐ Change	Addition	
STREET ADDRESS			5.3 STREET	r anne	2500		1	
CITY-ST-ZIP					L30		}	
TITLE		☐ DELETE	5.4 CITY-S'	ı-ZP				
NAME .		C DELETE	1			☐ Change	☐ Addition	
STREET ADDRESS			6.2 NAME				1	
OTY-ST-ZIP			6.3 STREET		ESS		ţ	
14 basel	4.6		6.4 CITY-ST	-ZIP				

I hereby certify that the information supplied with this filling 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 Strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 is Changed, or on an attachment with an other like empowered.