PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # **H59960**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90003 003 ***150.00

JIM PIER	ICE QUALITY MOTORS, INC						
Principal Place	of Business	Mailing Address			I COMMIT BOOK BOILD COME TO THE BOOK DOILD PORT OF	ni 4(8); 61911 4(8)	Biğli Biğli (BB)
% DAVID A. DUNKIN		% DAVID A. DUNKIN					
170 WEST DEARBORN		170 WEST DEARBORN ENGLEWOOD FL 34223		DO NOT WRITE IN THIS SPACE			
ENGLEWOOD FL 34223		ENGLEWOOD FL 34223		3. Date Incorporated or Qualifed			
					06/03/1985		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26		59-27478 <u>29</u>		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional tequired	
22		27					
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country		Zip Country		8. This corporation owes the current year		1.01.003
24	25	<u></u> Н	30	•	Personal Property Tax.	Yes	.ŽÍNo
24	9. Name and Address of Current	<u> </u>	1		10. Name and Address of New Register	ed Agent	
			81	Name			
	KIN, DAVID A.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	WEST DEARBORN			_			
ENG	LEWOOD FL 33533		83	3			
	•		84	City		85 Zip	Code
				<u> </u>			e registered
		4 002 4600 Fl! 04-4-4-	- the above				
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statute f Florida. Such change was au	s, the abov thorized by	re-named corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as r	egistered
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o in familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida, Such change was au ons of, Section 607.0505, Flori	s, the abov thorized by da Statutes	re-named corporat s.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as i	egistered
agent. I ar SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ua Statutes	s. 	red when reinstating)	pointment as r	egistered
agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	ua Statutes	s. 			
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agent. I ar SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requir	red when reinstating) DATE	AND DIRECT	ORS IN 12
agent. I ar SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP PIERCE, JAMES C. 6925 KLEIN ROAD LAKELAND FL	and title if applicable. (NOTE: 1) DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requir	red when reinstating) DATE	AND DIRECT	ORS IN 12
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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