

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90042 034 ***150.00

DOCUMENT # H75121

1. Corporation Name
BOCA AUTO RADIATOR, INC.

Principal Place of Business

~~% ROBERT R. BOEZI~~ Boca Radia
3801 EAST 11TH AVENUE
TAMPA FL 33605

Mailing Address

~~% ROBERT R. BOEZI~~ Boca Radia
3801 EAST 11TH AVENUE
TAMPA FL 33605



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1985

4. FEI Number

59-2564115

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BOEZI, ROBERT R.
3801 EAST 11TH AVENUE
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 3801 E. 11th Ave.

84 City

TAMPA FL FL

85 Zip Code

33605

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, typed or printed name of registered agent shall file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME BOEZI, ROBERT R.
STREET ADDRESS 11311 TORREY PINES DRIVE
CITY-ST-ZIP RIVERVIEW FL

☒ DELETE

TITLE VP
NAME BOEZI, BRAIN J.
STREET ADDRESS 12930 PRESTWICK DR.
CITY-ST-ZIP RIVERVIEW FL

☒ DELETE

TITLE TS
NAME BOEZI, ANITA
STREET ADDRESS 11311 TORREY PINES DRIVE
CITY-ST-ZIP RIVERVIEW FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Ron Schuetze
1.3 STREET ADDRESS 3801 E 11 Ave
1.4 CITY-ST-ZIP TAMPA FLA 33605

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 803 626-7474

0385917

CR2E034 (11/98)