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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K34363

BOB'S AUTOMOTIVE SERVICE OF SUNRISE, INC.

			<u>_</u>				
Principal Place of Business	Mailing Address						
10480 NW 50 ST	10480 NW 50 ST						
SUNRISE FL 33351 SUNRISE FL 33351					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					09/21/1988		
	La De Way Address				4. FEI Number	Ap	plied For
2. Principal Place of Business	2a. Mailing Address				65-0072673	No	t Applicable
21	26 Suite, Apt. #, etc.					\$8.75	Additional
Suite, Apt. #, etc.	├ ──				5. Certifcate of Status Desired	Fee Re	equired
22	City & State				6. Election Campaign Financing	\$5.00	May Be
City & State	├ ─, '				Trust Fund Contribution	Added	to Fees
23		Cour	itry		8. This corporation owes the current year	r Intangible	
Zip Country	29	30	,		Personal Property Tax.	A Yes	□No
24 25	ss of Current Registered Agent	1301			10. Name and Address of New Registe	red Agent	
9. Name and Addres	BS Of Current Registered Agent	-	81 Nam	e *	-		į
BARRIS, PHILIP JOHN		ļ			ess (P.O. Box Number is Not Acceptable)		
4363 N.W. 51ST CT			82 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)	ada kelin Bedi <u>Mala</u>	eren erandez
COCONUT CREEK FL 330	073	}	83		1015 m Teen 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2 En 2 En 2 En
		1			中華的 经 人名 人名 人名 人名	21 8121 812 1 8-811	Code
			84 City			FL 85 Zip	Code
agent. Faith lamillar man, and a	ept the obligations of, Section 607.0505, F	ionua Stati	1100.		oration submits this statement for the purporal n's board of directors. I hereby accept the a		
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable. (NO	TE: Registered			when reinstating) A	ré <u> </u>	ORS IN 12
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable. (NO FFICERS AND DIRECTORS	TE: Registered	Agent signatu			ré <u> </u>	
SIGNATURE Signature, typed or printed name 12. O TITLE VS	of registered agent and title if applicable. (NO FFICERS AND DIRECTORS	TE: Registered	Agent signatu LE		when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
SIGNATURE Signature, typed or printed name 12. O TITLE NAME SIGNATURE S	of registered agent and title if applicable. (NO FFICERS AND DIRECTORS	13. 1.1 TII	Agent signatu LE ME	re required	when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90068 024 ***150.00