## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06 1998 8:00am Secretary of State

	1990	****		_}	
	MENT # K4247 LEY'S RADIATOR & GLAS	• •		E NOBINISH DAJ BABÎN (KON) DINÎL NOBA KÎNÎ NÎNÎ HERÎN ÎN MA	12 <b>818 N 818 N 818 N 818 N 818</b> N 8 <b>3 N</b>
	-				
Principal Place of Business		Mailing Address			
1920 ELSA ST Naples Fl 3410 <del>0</del> US		C/O MICHAEL D. WOOLLEY 3001 42ND STREET S.W. NAPLES FL 33999		DO NOT WRITE IN THIS	S SPACE
00	-	100 000 10 00000		3. Date Incorporated or Qualified	
				11/01/1988	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# Ato	Suite, Apt. #, etc.		65-0081284	Not Applicable \$8.75 Additional
22	. ॥, ज्ञां	27		5. Certificate of Status Desired	Fee Required
City & Stat	l <del>o</del> :	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 Ame and Address of Cur	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
1946		taur nadistalen Wägur	81 Name	10. Hame and Address of New Heyleteret	Agont
	DOLLEY, MICHAEL D.				
3001 42ND STREET S.W. NAPLES FL 33999			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
13/3	ILICO IL 00989		. 83		
			84 City		85 Zip Code
				FI	L   <sup></sup>   '
office or i agent. I a SIGNATURE				poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriated when reinstaling DATE	ppointment as registered
12.	Bignature, typed or printed name of registered OFFICERS	ragoril and little if applicable (NC AND DIRECTORS	<ol> <li>Registured Agent signature requirements</li> </ol>	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	WOOLLEY, MICHAEL D.		12 NAME		
STREET ADDRESS	8001 42ND ST SW		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CiTY - ST - ZIP		
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 C(TY - ST - 7)P 3.1 TITLE		Change Addition
NAME		peccit	3 2 NAME		
STREET ADDRESS			3 3 STREEL ADDRESS		
CITY-ST-ZIP			3 4. City - St - 7iP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-7IP		The state of the s
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 \$TREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	,	<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - S1 - ZIP		
14, I hereby o	certify that the information supplied	d with this filing does not qualify	for the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further oue shall have the same legal effect as if made up	certify that the information

4. 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 eath; 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 additional properties.

DNATURE - 201-192-12 My/nol/ 1/ 1/29-98 94/-192-12

CR2E034 (10/97