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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # K

K58995 (7)

r. Corporation Name

Principal Place of Business

T & K FRONT WHEEL DRIVE, INC.

Mailing Address



3650 NW 15 LAUDERHILL US		3650 NW 15 ST LAUDERHILL FL 33311 US	l				. • • •
					 Date Incorporated or Qualified 01/12/1989 	3a. Date of Last F 06/20/19	
2. Principal Pla	ace of Business	2a. Mailing Address	·		4. FEI Number		Applied For
21 370		26			65-0095106		Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc 27					5. Certificate of Status Desired		Additional Required
	LAUDETHILL FZ 28			6. Election Campaign Financing Trust Fund Contribution □ \$5.00 May Added to Fe			
Zip 24 35311				У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
V1144	710.0		8	Name			
KAATZ, TIM 5440 NW 86 WAY				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL	SPRINGS FL 33067		8:	3			
			8-	,	, , , , , , , , , , , , , , , , , , ,	FLII	p Code
or registere	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	 Such change was authorize 	ed by the car	named corpo poration's bos	ration submits this statement for the purp and of directors. Thereby accept the appo	pose of changing its pintment as registered	registered office Lagent Lani
SIGNATURE _	Signature, type ticr printed name of registered agent a		(fit. flogistered Ag	Fill signature respon	nst whater restrictables	ÚA¹Ē · · · · ·	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12
TITLE	P PAATT THA	☐ DELETE	1 1 Tills	-		Change	☐ Addition
NAME	KAATZ, TIM 5440 N.W. 86TH WAY		1.2 NAME	1			
STREET ADDRESS	CORAL SPRINGS FL		4	T ADDRESS			
CHTY-ST-ZIP TITLE	V	DELETE	1 4 CITY - 2 1 TITLE			Change	Addition
NAME	KAATZ, KEVIN	- Ditterio	2 2 NAME	1		Onengr.	
STREET ADORESS	731 NW 65TH AVE			I ADORESS			
City - St - Zi2	MARGATE FL		2.4 C(I)				
TITLE		☐ DELETE	3 1 TITLE			Change	Add tron
NAME			3.2 NAME				
STREET ADDRESS			33 STRE	F1 ADDRESS			
CITY - ST - ZIP		T DOLOT	3.4 CITY -				
TITLE NAME		☐ DELETE	4 1 1111.6			☐ Change	Add tion
NAME STREET ADDRESS			4.2 NAME	T ADDRESS			
CITY-\$1-ZIP			4.3 STREE				
TITLE		DELETE	5 1 Till 8			Change	Ada tion
NAME			5.2 NAME				
STREET ADORESS				T ADDRESS			
CHTY - ST - ZIP			5.4 CITY				
TITLE		DELETE	6 1 TITLE			Change	Addition
NAME			6.2 NAME				
STHEET ADDRESS			6.3 STREE	T ACORESS			
CITY-ST-ZIP		*\	6.4 CITY	ST - 71P			

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

SIGNATURE

SIGNATURE AND THEO OR PRINTED JUME OF SIGNING OFFICER OR DIRECTOR

5-14-96

305 - 792 - 9866 Daytime Prione #