## Mar 02, 1999 8:00 am Secretary of State

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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K58995**

<ol> <li>Corporation</li> </ol>	n Name						
T&KFF	RONT WHEEL DRIVE, INC.	,					
						INCOMENIA POR LA COMENIA DE	
							<b>ai bili iai</b>
Principal Place	e of Business	Mailing Address			I JABUSTIN BAN ASIAN CAISA NOVA CANAN ANTO A	. <b>.</b>	Tit Atan 1481
3701 NW 16TH ST 3701 NW 16 ST						•	
LAUDERHILL FL 33311-4100 LAUDERHILL FL 33311-4100					DO NOT WORTH IN T	THE COACE	
US US					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
					01/12/1989		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Anr	lied For
	ace of business	— T			65-0095106	· <del>                                     </del>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		-		\$8.75 A	
22	n, 0.0.	27			5. Certificate of Status Desired -	Fee Rec	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 /	Vlav Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	r Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent	
V4.43	77 TM 4			81 Name			
KAATZ, TIM 5440 NW 86 WAY				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	AL SPRINGS FL 33067		1				
CON	AL SPRINGS PL 33001			83			
				84 City		85 Zip C	ode
				L L		FL   00   100   100	raciatarad
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was at	es, the at uthorized	bove-named co I by the corpora	orporation submits this statement for the purpos ation's board of directors. I hereby accept the a	ppointment as reg	istered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statı	utes.			
SIGNATURE	Han Kaal 1	ent and title if applicable. (NOTE:	Desistand	Asset signature requ	ulred when reinstating) DATI	<del>99</del>	
12.	OFFICERS AND DIRECTORS		13.	Agent aignature requ	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TiT	T.E.		☐ Change	Addition
NAME	, Kaatz, Tim		1.2 NA	ME			
STREET ADDRESS	5440 N.W. 86TH WAY		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CF	TY-ST-ZIP			
TITLE	V	DELETE	2.1 TIT				
NAME	KAATZ, KEVIN			1		Change	Addition
STREET ADDRESS	731 NW 65TH AVE	•	2.2 NA			Change	Addition
CITY-ST-ZIP		•				Change	Addition
		·	2.3 ST	ME		Change	Addition
TITLE	MARGATE FL	☐ DELETE	2.3 ST	ME TREET ADDRESS ITY-ST-ZIP		Change	Addition
TITLE NAME		☐ DELETE	2.3 ST 2. 4 CI	REET ADDRESS			
		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA	REET ADDRESS			
NAME		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	TREET ADDRESS  ITY-ST-ZIP  ILE		☐ Change	☐ Addition
NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	ME REET ADDRESS ITY-ST-ZIP ILE IME REET ADDRESS ITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			2.3 ST 2.4 Cl 3.1 TIT 3.2 NA 3.3 ST 3.4. Cl	ME REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP ILE		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4. CI 4.1 TIT 4.2 No	ME REET ADDRESS ITY-ST-ZIP ILE MME REET ADDRESS ITY-ST-ZIP ILE		☐ Change	☐ Addition
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS