

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90005 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K76287**

1. Corporation Name

KAREL AND SON AUTOMOTIVE CORP.

Principal Place of Business

707 NORTH STATE ROAD 7
MARGATE FL 33063-4566

Mailing Address

707 N. STATE RD. 7
707 NORTH STATE ROAD 7
MARGATE FL 33063-4566
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1989

4. FEI Number

65-0109473

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.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARDELLA, JOSEPH D.
1711 N.W. 107 TERRACE
SUITE 209
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE

NAME **BERGSMA, DINA**
STREET ADDRESS **707 NORTH STATE ROAD 7**
CITY-ST-ZIP **MARGATE FL**

TITLE **DP** ☐ DELETE

NAME **BERGSMA, ROGER**
STREET ADDRESS **707 N. STATE ROAD 7**
CITY-ST-ZIP **MARGATE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99 954-972-2613

CR2E034 (5/99)

088622-90005-6
K76287

July 6, 1999

To Whom It May Concern-

I recently received a 2nd notice for the renewal of my Corporation. After speaking with my bank as well as your personnel, my renewal form was lost along with my check for \$150.00. I was further told to resubmit my application along with another check for \$150.00.

Thank you for your assistance with this matter.

Dina Bergsma - Secretary / Bookkeeper
Dina Bergsma