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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K80336

1. Corporation Name

PALMETTO ALITO TIRE SERVICE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90178 012 ***150.00

	TO AUTO TIME SERVICE,		-					
Principal Place	e of Business	Mailing Address				- 1 10010111 081 10111 00100 11100 11110 0111 0101	01011 01011 611	
1800 W 68 ST HIALEAH FL 33	#134(A)	1800 W 68 ST #134(A) HIALEAH FL 33014						
PRODUCT STORES						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/14/1989	,	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0116481		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5., Certifcate of Status Desired		Additional Required
City & State		City & State		_		O Florie Compiler Figure		
23	e	28				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	⊉ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			*	-10. Name and Address of New Registered	Agent	
000	TIPLA DACACLA] :	81 N	Name			}
	ITILLA, RAFAEL A		<u> </u>	82 S	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	5 W 22ND LN		L					
HIAL	EAH FL 33016			83				-
			Ţ	84 (City	FI	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-n	amed corpo	ration submits this statement for the purpose of	f changing	its registered
office or n agent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flo	utnonzed rida Statul	by the tes.	corporation	n's board of directors. I hereby accept the appo	milmeni as	registered
SIGNATURE	2 Page - 1	•,						
0.01711.0112	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered A	Agent sig	nature required	when reinstating) DATE		
12.								
**		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	ND DIRECTORS	1.1 ΤΙΤΙ	E			ND DIREC	
NAME	d Portilla, Rafael A.		1.1 TITL 1.2 NAM	E ME	DV2FCCC			
NAME STREET ADDRESS	D Portilla, rafael a. 6205 West 22ND LN		1.1 TITL 1.2 NAM 1.3 STR	E ME REET ADI				
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14. I hereby certify that the information sopplied with this filling class and 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 listing 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.

SIGNATURE:

SIDUATURED EIGHTURED SIGNATURE AND TYPES OF PRINTED IN AND OFFICER OF DIRECTOR

Daytime Phone #