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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

HIDITER AUTOMOTIVE CENTER INC.

JUPILEN	AUTOMOTIVE CENTER, II	10.						
Principal Place	e of Business	Mailing Address						
6333 INDIANTOWN ROAD JUPITER FL 33458 JUPITER FL 33458 JUPITER FL 33458						DO NOT WITH MITHE	n edace	
us ' us						DO NOT WRITE IN THIS	3 SPACE	
						3. Date Incorporated or Qualifed 06/12/1989		<u></u>
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ar	oplied For
21, 26						65-0122639		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & Stat	le .	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	itry		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		<u> </u>		10. Name and Address of New Registered	Agent	
	ALEX CARV		1	81	Name			
	NNEY, GARY 1 MOHAWK STREET	•	ļ	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
JUP	ITER FL 33458		ļ.	83	 -			· ···
				84	City	FI	85 Zip	Code
SIGNATURE	am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: 1			signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 ΤΙΤΙ.	Æ	Ì		☐ Change	☐ Addition
NAME	CHANEY, GARY W		1.2 NAME					
STREET ADDRESS	ARRA MACHANINA OT		1.3 STREET ADDRESS		ADDRESS .			
CITY-ST-ZIP	JUPITER FL		1.4 CITY+ST-ZIP		ZIP			
TITLE	D DELETE		2.1 YITL	2.1 YITLE			Change	Addition
NAME	SIMPSON, BRENDA		2.2 NAM	2.2 NAME				
STREET ADDRESS	CDIEDWOOD DI		2.3 STR	REETA	ADDRESS			
CITY-ST-ZIP	STUART FL 34997		2.4 CITY-ST-ZIP		-ZIP			
TITLE			3.1 TITL	3.1 TITLE			Change Change	Addition
NAME			3.2 NAM	3.2 NAME				
STREET ADDRESS			3.3 STR	REETA	ADDRESS			
CITY-ST-ZIP		<u> </u>	3.4. CIT	Y-ST-	-ZiP			
TITLE		☐ DELETE	4.1 TITL	LΕ			Change	☐ Addition
NAME			4. 2 NA	ME	1			
STREET ADDRESS			4.3 STR	REETA	ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TiTL				Change	Addition
NAME			5.2 NAM					
STREET ADDRESS			5.3 STF	REETA	ADDRESS			
CITY-ST-ZIP			5.4 CIT		ZIP			
TILE		☐ DELETE	6.1 TITL				Change	☐ Addition
NAME .			6.2 NA					
OTOCET ADODECO	J		6.3 STF	REETA	ADDRESS			

6.4 CITY-ST-ZIP 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.

SIGNATURE:

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90031 050 ***150.00