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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K99540

1. Corporation	n Name	,		}		
PRIME A	AUTOMOTIVE, INC.					
1 1111411- 1	io romo rive, into			. I PROTECTION OF A SOUR PERSON AND BURN ACTUAL	HE BERTH BIRNI DIREC RE	ANI ANANI NA AN
Principal Place	e of Business	Mailing Address				
2091 SPRINT BLVD 2091 SPRINT BLVD						
APOPKA FL 32703 APOPKA FL 32703						
US US		US		DO NOT WRITE IN THIS SPACE		
l				3. Date Incorporated or Qualifed 06/30/1989	•	
2. Principal P	lace of Business	2a. Mailing Address	···	4. FEI Number	App	lied For
21	N. F. P.	26		59-2958606	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Ac	dditional
22		27		5. Certificate of Status Desired	Fee Req	juired
City & State City		City & State		6. Election Campaign Financing	\$5.00 N	May Be
23				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		_
24	25		30	Personal Property Tax.		□No_
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name	•		
DEVERALL, MIKE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)			
2091 SPRINT BLVD						
APU	PKA FL 32703		83			
			84 City		85 Zip Co	ode
				_	_	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute of Florida, Such change was au	s, the above-named corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its repointment as reg	egisterea istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statutes.	•		
SIGNATURE				(when reinstating) OATE		
12	Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	ST OFFICERS AI	DELETE	1.1 TITLE	ADDITIONO DI WOLLD TO CITALETTO	Change	Addition
NAME			1.2 NAME		_ ,	0.2
Į.	MORNINGSTAR, KAYE 801 WESSEX DRIVE		1.3 STREET ADDRESS			
STREET ADORESS	ORLANDO FL		1.4 CITY-ST-ZIP			
CITY-ST-Z)P TITLE	P P	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	DEVERALL, MIKE		2.2 NAME			_
STREET ADDRESS	2091 SPRINT BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL		2. 4 CITY-ST-ZIP			
TITLE	AFOFICATE	☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE '		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		-	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE :		☐ DELETE	6.1 TITLE		☐ Change	Addition
11414			6.2 NAME			
NAME -	2		0.2 NOWIE			

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. CITY-ST-ZIP

SIGNATURE: `

407-298-4563