

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90289 048 \*\*\*150.00

**DOCUMENT # L07170**

1. Corporation Name

FLORIDA AUTO TRIM, INC.

Principal Place of Business

708 CARSWELL AVENUE  
HOLLY HILL FL 32117  
US

Mailing Address

708 CARSWELL AVENUE  
HOLLY HILL FL 32117  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1989

4. FEI Number

59-2982235

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MASTERS, JOHN M.  
1539 CENTER AVE  
HOLLY HILL FL 32117

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 P. ☐ DELETE  
NAME TODORA, FRANK J.  
STREET ADDRESS 340 CUMBRLAND AVE  
CITY-ST-ZIP ORMOND BEACH FL

TITLE V ☐ DELETE  
NAME PFLUGER, JOSEPH  
STREET ADDRESS 1160 VIENNA  
CITY-ST-ZIP AUSTRIA EUROPE

TITLE S ☒ DELETE  
NAME TODORA, IRENE  
STREET ADDRESS 340 CUMBERLAND AV  
CITY-ST-ZIP ORMAOND BCH FL

TITLE V ☐ DELETE  
NAME WENNER, MARTHA  
STREET ADDRESS 251 SANCHEZ AV  
CITY-ST-ZIP ORMOND BCH FL

TITLE T ☐ DELETE  
NAME WENNER, BARRY LEE  
STREET ADDRESS 251 SANCHEZ AVE  
CITY-ST-ZIP ORMAOND BCH FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S ☐ Change ☒ Addition

VICTORIA F. BROWN  
50 High Ridge Rd.  
Holly Hill, FL. 32117

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Victoria F. Brown*

Victoria F. Brown

4/21/99 904/255-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)