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Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90138 017 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L33747**

CENTRA	L TIRE AND AUTO REPAI	R, INC.						
Principal Place	e of Business	Mailing Address					il militi bibit atati a	HEN BIAN ION
2667 W. ATLANTIC BLVD. POMPANO BEACH FL 33069-2507 2667 W. ATLANTIC BLVD. POMPANO BEACH FL 33069-2507				2507		DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed 12/05/1989		
2. Principal P	Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21						65-0163879		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, 6 22			o.			5. Certifcate of Status Desired	\$8.75 A	1
City & Stat	City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28						Trust Fund Contribution	Added t	to Fees
Zip				Country		8. This corporation owes the current year		
24	25	29	30	_		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Register	A Agent	
KASS	SNER. M. RICHARD			["]			<u> </u>	
20892LA QUESTA CT.				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
ROC	A RATON FL 33428			83				
				84	City	F	·L	Code
office or r agent. I a	Signature, typed or pointed name of registered a	agent and title if applicable.		_	AJ RL	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appured when reinstating)		
12.		AND DIFFECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PSD	J □ DELE					☐ Change	Addition
NAME	KASSNER, M. RICHARD		1.2 N				-	
STREET ADDRESS	20892 LA QUESTA COURT			1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			ITY-SI	r-ZIP		Change	Addition
TITLE	VACCHED DODIC	[] DECE	- ·				onange	
NAME	Kassner, Doris 20892 la Questa Court		2.2 N		ADDRESS	·		İ
STREET ADDRESS	BOCA RATON FL			ITY-S				
CITY-ST-ZIP TITLE	BOOK NATON IL	☐ DELE			1-21		Change	Addition
NAME		_	3.2 N		İ		_	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			i i	XTY-S		,		
TITLE	□ pc: ctr			4.1 TITLE			Change	☐ Addition (
NAME		4.		4. 2 NAME				
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP			4.4 C	ITY-S1	r-ZiP			
TITLE			5.1 T	5.1 TITLE			Change	Addition
NAME			5.2 N				*	
STREET ADDRESS					ADDRESS			,
CITY-ST-ZIP				ITY-S1	f-ZIP			T there
THLE		☐ DELE	10		-		Change	☐ Addition
NAME			6.2 N					
STREET ADDRESS			6.3 S	TREET	ADDRESS			ļ

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 chapter 607, or on a state of the corporation of the corpo

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR