Apr 29, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37807

FLORIDA FRONT WHEEL DRIVE, INC.

Mailing Address Principal Place of Business C/O MICHAEL J. CONFORTI 3705 INTERSTATE PKWY C/O MICHAEL J. CONFORTI 3705 INTERSTATE PKWY DO NOT WRITE IN THIS SPACE RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 3. Date Incorporated or Qualifed 12/19/1989 4. FEI Number App ied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 65-0165053 21 \$8.75 Additional Suite, Apt. #, etc. Suite - Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip 24 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CONFORTI, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable) 3705 INTERSTATE PKWY RIVERIA BCH FL 33404 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or 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, (NOTI : Registered Agent signature required when reinstating) ADDITICINS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME CONFORTI, MICHAEL J. NAME 1.3 STREET ADDRESS 3707 INTERSTATE PKWY STREET ADDRESS 1.4 CITY-ST-ZIP RIVIERA BEACH FL CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE 22 NAME CONFORTI, CHERYL NAME 2.3 STREET ADDRESS STREET ADDRESS 10843 158TH STREET JUPITER FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TILE 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 a light provided in 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 a light provided in 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 attach nent with an address, with a light provided in 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE: SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICER OR DIRECT

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Cheryl Ann Confort, 4/26/99 5618456878

Change

Addition

CR2E034 (11/98)