1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L37859**

1. Corporation Name

MICCENIC BODY SHOP INC

MISSEN	S BOUT SHOP, INC.	,.			1 (90)(41) 440 (95)( 1800) 40(8) BING (8)(8) BING (8)	
Principal Place	of Business	Mailing Address				M BIELI MIELL BLEIG ZEGI
1901 DANR DRIVE. NE 1901 DANR DRIVE. NE PALM BAY FL 32905 PALM BAY FL 32905						
THE DATE OF SECOND					DO NOT WRITE IN THIS SPACE	
	·				3. Date Incorporated or Qualifed 12/19/1989	_
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			59-3153864	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc		# Contitonto of Status Desired     * *	3.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing 55.00 May Be	
23		28				Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent		.1	10. Name and Address of New Registered Agen	<del>:</del>
BITTED LAMES I				1 Name		
RITTER, JAMES L				2 Street Add	Iress (P.O. Box Number is Not Acceptable)	
1901 DANR DRIVE, NE						
PALM BAY FL 32905			8:	3		
			84	4 City	FL  85	Zip Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such change was aut	inorized b	v tne corporati	poration submits this statement for the purpose of changion's board of directors. I hereby accept the appointmen	jing its registered t as registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if analicable (NOTE: 6	Secistered An	ent signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE	PTSV	☐ DELETE	1.1 TITLE			hange
NAME			1.2 NAME			
STREET ADDRESS			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		
TITLE			2.1 TITLE			hange Addition
NAME	221		2.2 NAME			
STREET ADDRESS	233		2.3 STRE	ET ADDRESS		
CITY-ST-ZIP	ي سامة سامسي الدارات	english was about the english	2. 4 CITY-	ST-ZIP	the second secon	
TITLE			3.1 TITLE			hange Addition
NAME			3.2 NAME	:		
STREET ADDRESS			3.3 STRE	ET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			change

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, owen an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TILE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

☐ Change

☐ Change

Addition

☐ Addition

FILED Apr 14, 1999 8:00 am Secretary of State

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