## 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 90221 010 \*\*\*158.75

D	OC	:UI	ΜEI	NT	#	L59951
	_					

1. Corporation	on Name  CO990  RD PEREZ AUTO WHOLES		4	9		
			` /			
Principal Pla	ce of Business	Mailing Address		T (BBI)Bit BBI Brite (Brie (Brie) Brien tret endir (	lidis bidsi didis bil	Eir Grüff (GA)
7810 N. FLOR		PO BOX 22331 TAMPA FL 33623-2331			•	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		US		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 03/21/1990		
2. Principal i	Place of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		59-3025799		Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Req	
City & Sta	ate -	City & State	<del>-</del>	6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible	<u> </u>
24	25	29	30	Personal Property Tax.		No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name			
	REZ, RICHARD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	O.N. FLORIDA AVE.					
TAN	MPA FL 33604		83			
	•		84 City		85 Zip C	ode
				Fi	<b>.</b>   '	
office or agent. I	Micho	1 //eres/	Ithorized by the corporation ida Statutes.  Registered Agent signature require	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as reg	istered ——-
12.	Signature, types or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	PEREZ, RICHARD		1.2 NAME			
		7	1.3 STREET ADDRESS			
STREET ADDRES	_					
CITY-ST-ZIP	TAMPA FL 33615	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	☐ Additio
TITLE		_ 5222.2	2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRES	s				. محينسوي	
TITLE		☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
		الم المحادث	3.2 NAME		_ •	_
NAME	ا		3.3 STREET ADDRESS			
STREET ADORES	s					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	•	Change	Addition
TITLE			4.2 NAME			_
NAME			4.2 NAME 4.3 STREET ADDRESS			
STREET ADDRES	8					
CITY-ST-ZIP	<del></del>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	Addition
TITLE		LJ DCLL(C	5.2 NAME		-ق١٠- ليما	bund :
NAME	-		5.3 STREET ADDRESS			
STREET ADDRES	S		5.4 CITY-ST-ZIP			
CITY-ST-ZIP				<del></del> -	Change	
TITLE		☐ DELETE	6.1 TITLE		Ullande	☐ Addition

CITY-ST-ZIP 14. 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 trusted employered 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 ap attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS