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

DOCUMENT # L91700

ECONOMICAL AUTOMOTIVE OF THE PALM BEACHES, INC.

Principal Place of Business % 902 OLD DIXIE HWY LAKE PARK FL 33403

2. Principal Place of Business

Mailing Address

% 902 OLD DIXIE HWY LAKE PARK FL 33403

2a. Mailing Address

FILED Feb 15, 1999 8:00am Secretary of State

02-15-1999 90024 023 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

07/03/1990

4. FEI Number

21		[26]			59-2295559	1 NOI		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re		
City & Stat	e .	City & State			6. Election Campaign Financing	\$5.00	-	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year		ш.	
24	25	29	30		Personal Property Tax.		□No	
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Register	red Agent		
MCCUE, WILLIAM JAMES, III 902 OLD DIXIE HWY			8	81 Name				
			8	82 Street Address (P.O. Box Number is Not Acceptable)				
LAKI	E PARK FL 33403 .		8	3				
			L	4 00	<u> </u>	85 Zip C	`ode	
			8	4 City	1	FL 83 200	,00 0	
11 Durguant	to the provisions of Sections 607 0502	and 607.1508. Florida Sta	atutes, the abo	ve-named com	oration submits this statement for the purpose	of changing its	registered	
office or r	onictored agent or both in the State of	f Florida. Such change wa	is authorized b	v the corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505,	Florida Statute	ss.				
SIGNATURE		A)	OTE: Desistered An	ant alabativa remiira	ed when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·		
42	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS		RS IN 12	
12.						☐ Change	Addition	
TITLE	D		1.2 NAME				_	
NAME	MCCUE, WILLIAM JAMES III							
STREET ADDRESS	902 OLD DIXIE HWY		1.3 STRE	ET ADDRESS				
	LAKE PARK FL		1.4 CITY-	ST-ZIP				
CITY-ST-ZIP	LANCE I WILL LE					Change	□ Addition	
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		☐ DELETE	2.1 TITLE 2.2 NAME			☐ Change	Addition	
TITLE	D MCCUE, KATHY	☐ DELETE	2.2 NAME			Change	Addition	
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4. 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 561-848-853

Daytime

CKZE034 (11/98)