

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

REINSTATEMENTS  
FROM YEAR 1994 TO YEAR 1999

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M 01510

1. Corporation Name

MASTER MUFFLERS, INC.

FILED

99 OCT 25 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1595 W. 35TH PL.  
Hialeah, Fl. 33012

1595 W. 35TH PL.  
Hialeah, Fl. 33012

REINSTATEMENT

94-99

3. Date Incorporated or Qualified

June 6, 1984

2. Principal Place of Business

2a. Mailing Address

21. 1595 W. 35TH PL.  
Suite, Apt. #, etc.

26. 1595 W. 35TH PL.  
Suite, Apt. #, etc.

4. FEI Number

59-2418828

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

23. City & State  
Hialeah, FL.

28. City & State  
Hialeah, FL.

24. Zip Country  
33012

29. Zip Country  
33012

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORLANDO C. ROBOTTI  
1595 W. 35TH PL.  
Hialeah, FL. 33012

81. Name ORLANDO C. ROBOTTI

82. Street Address (P.O. Box Number is Not Acceptable)

1595 W. 35TH PL.

83.

84. City Hialeah

FL

85. Zip Code 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of 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

(NOTE: Registered Agent signature required when reinstating)

10/20/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/V/S/T/D  
NAME Orlando C. Robotti  
STREET ADDRESS 2194 W. 60TH St. No. 22108  
CITY-ST-ZIP Hialeah, Fl. 33010

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Orlando C. Robotti 10/20/99 (305) 821-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)