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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

CANNY	AUTO TAG AGENCY, INC	<i>j</i> ,						
Principal Place	e of Business	Mailing Address			- I (80149)) tan 1501, 605;6 16.01 6100)	IIBI BIBII AIBII G	11 BIT B B F B	1914 81841 1661
8510 BIRD ROAD C/O HELEN CANNY								
MIAMI FL 33155 1270 REDBIRD AVE.					DO NOT WRITE IN THIS SPACE			
US MIAMI SPRINGS FL 33166					3. Date Incorporated or Qualifed			
					02/01/1985	~		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Apr	olied For
26					65-0008576		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$	8.75 A	
27					J. Cermicate of Status Desired	<u> -</u>	Fee Red	quired
City & State City & State					6. Election Campaign Financing	⊓ . ;	\$5.00 ı	
23		28			Trust Fund Contribution		Added to	Fees
Zip Country Zip			Country		8. This corporation owes the current		ble Yes /	⊠No
24	25		10		Personal Property Tax. 10. Name and Address of New Reg			<u>~,wo</u>
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Act	istered Age		
CAN	INY, HELEN D.							
1270 RED BIRD AVE.			82	Street Addre	ess (P.O. Box Number is Not Acceptable	∍)		1
•			83					
MIAMI SPGS. FL								
			84	City		FL 8	5 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: F AND DIRECTORS	Registered Ager	nt signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE			
TITLE	PD	☐ DELETE	1.1 TITLE] Change	Addition
NAME	CANNY, HELEN D.		1.2 NAME					
STREET ADDRESS			1.3 STREET	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			Channa	- Addition
TITLE		☐ DELETE	2.1 TITLE	Į		Ц	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			Change	Addition
TITLE		DELETE	3.1 TITLE			ت	Ollarige	
NAME			3.2 NAME					. [
STREET ADDRESS				TADDRESS				ĺ
TITLE		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP			Change	Addition
NAME			4. 2 NAME			_	_	
STREET ADDRESS			1	T ADDRESS	-			
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETÉ	5.1 TITLE				Change	Addition
NAME			5.2 NAME					Sign of the
STREET ADDRESS			5.3 STREET	T ADDRESS	· · · · · · · · · · · · · · · · · · ·			想はは
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE] Change	☐ Addition
NAME			6.2 NAME					İ
STREET ADDRESS	i		6.3 STREE	TADDRESS	•			\

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OR DIRECTOR