## 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** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90085 049 \*\*\*158.75

## CUMENT # M95556

DHIHLAKE AUTO FINISH, INC.

Ciace of Business	Mailing Address
MILITARY TRAIL	551 S. MILITARY TRAIL
PALM BEACH FL 33415	WEST PALM BEACH FL 33415

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Clace of Business	Mailing Address									
IILITARY TRAIL	551 S. MILITARY TRAIL			}						
ALM BEACH FL 33415	WEST PALM BEACH FL 334	15		DO NOT MRITE IN THE CRACE						
				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified						
				08/22/1988						
: Discontinuo	2a. Mailing Address			4, FEI Number Applied For						
Place of Business	<b>├</b> ──			65-0069290 Not Applicable						
	26 Suita Ant # sta			\$9.75 Additional						
, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required						
& State	City & State									
3 State	<del>-</del> 7 ·			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees						
Country		Country		8. This corporation owes the current year Intangible						
25		30		Personal Property Tax.   Personal Property Tax.						
9. Name and Address of Current		T-		10. Name and Address of New Registered Agent						
5. Name and Address of Current	Tregiotorea rigott	81	Name							
THOMPSON, DOUGLAS E.										
4524 GUN CLUB RD., STE 101		82	Street Addre	ess (P.O. Box Number is Not Acceptable)						
W PALM BEACH FL 33415		83		<u></u>						
		(")								
		84	City	E) 85 Zip Code						
		لمبلي		oration submits this statement for the purpose of changing its registered						
Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent	THOME Suprature required	when reinstating) DATE						
OFFICERS AND	<del></del>	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ☐ Change ☐ Addition						
PD NELCON DOBERT H	☐ DELETE	1.1 TITLE	}							
NELSON, ROBERT H		1.2 NAME								
375 PARK AVE 22ND FL		13 STREET	}							
NEW YORK NY 10152		1.4 CITY-ST-	-ZIP	☐ Change ☐ Addition						
V	☐ DELETE	2.1 TITLE	}	C1 Cularide [1] Addition						
PROVENZO, NICHOLAS C		2.2 NAME	{							
551 SOUTH MILITARY TRAIL		2.3 STREET	ADORESS	•						
WEST PALM BEACH FL 33415		2.4 CITY-ST	r-ZIP	CT Course						
SD	□ DELETE	3.1 TITLE		Change Addition						
SMITH, PHILIP JR N		3.2 NAME	}							
375 PARK AVE 22ND FL		3.3 STREET	ADDRESS							
NEW YORK NY 10152		3.4. CITY-ST	r-ZIP							
TO	C DELETE	4.1 TITLE	-	☐ Change ☐ Addition						
WINTERS, KARL H		4.2 NAME	j							
375 PARK AVE 22ND FL		4.3 STREET	ADDRESS							
NEW YORK NY 10152		4.4 CITY-ST-	-ZIP							
	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition						
		5.2 NAME								
		5.3 STREET	ADDRESS							
		5.4 CITY-ST	-ZIP							
	OELETE	6.1 TITLE		☐ Change ☐ Addition						
<b>\</b>		6.2 NAME								
<u>(</u>		6.3 STREET	ADDRESS							
	$\neg$	6.4 CITY-ST	-ZIP							
· · · · · · · · · · · · · · · · · · ·	arten to the second	41		-ti- 440 07/2/// Florid- Ctatutes I forther parties that the information						

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 in 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 director of the corporation or the repetition or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or Block 13 if chapters or on an effectment with an address, with all other like empowered.

is Block 13 if changes, of on an accentition was an address, with an e	Diel into bilipolioi	
URE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER O	NICHOLAS	C. PR
URE MONEY / OUNTIN	VÎCE-PRES	IDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	

NICHOLAS C. PROVENZO