

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90047 041 \*\*\*\*61.25

**DOCUMENT # N94000006053**

1. Corporation Name

**MOPARS OF THE PALM BEACHES, INC.**

Principal Place of Business

12429 189TH CT N  
JUPITER FL 33478  
US

Mailing Address

12429 189TH CT N  
JUPITER FL 33478  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

65-0544304

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

9. Name and Address of Current Registered Agent

JOANNE M DAVIS  
12429 189TH CT N  
JUPITER FL 33478

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME TOM LARSON  
STREET ADDRESS 9808 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BEACH FL

☒ DELETE

TITLE SD  
NAME JOANNE MOONEY-DAVIS  
STREET ADDRESS 12429 189TH CT N  
CITY-ST-ZIP JUPITER FL

☐ DELETE

TITLE ST  
NAME DAVIS, GLENN  
STREET ADDRESS 12429 189TH ST N  
CITY-ST-ZIP JUPITER FL 33478

☒ DELETE

TITLE D  
NAME SALLY LARSON  
STREET ADDRESS 9808 MAJESTIC WAY  
CITY-ST-ZIP BOYNTON BEACH FL

☒ DELETE

TITLE TD  
NAME KIM ROMANELLI  
STREET ADDRESS 17715 38TH LANE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL

☐ DELETE

TITLE VPD  
NAME RICHARD ROMANELLI  
STREET ADDRESS 17715 38TH LANE NORTH  
CITY-ST-ZIP LOXAHATCHEE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Richard Romanelli  
1.3 STREET ADDRESS 17715 38th Lane North  
1.4 CITY-ST-ZIP Loxahatchee, FL

☒ Change ☐ Addition

2.1 TITLE VPD  
2.2 NAME Alan Sweeting  
2.3 STREET ADDRESS 12242 Old Country Road  
2.4 CITY-ST-ZIP West Palm Beach, FL

☐ Change ☒ Addition

3.1 TITLE ST  
3.2 NAME Ricky Smedley  
3.3 STREET ADDRESS 12215 57th Rd N.  
3.4 CITY-ST-ZIP Royal Palm Beach, FL

☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME Jarrod Pilone  
4.3 STREET ADDRESS 4300 NE 10th Terrace  
4.4 CITY-ST-ZIP Pompano Beach FL

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 617, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/99

Daytime Phone #

561-744-7063

CR2E037 (1/198)