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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200000771

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90045 015 ***150.00

WINSTO	N'S TIRE SERVICE, INC	*					
Principal Place	e of Business	Mailing Address		L 10815001 110 18310 13011 00115 80111 00311		6881 (181 HORI	
2204 S. STATE ROAD 7 2204 S. STATE ROAD 7 MIRAMAR FL 33023 MIRAMAR FL 33023			DO NOT WRITE IN THIS	S SPACE	: 	-	
				3. Date Incorporated or Qualifed			
	:			10/26/1992			
2 Principal P	Place of Business	2a. Mailing Address	<u></u>	4. FEI Number	App	olied For	
21		26		65-0369826	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional	
22		27		5. Certificate of Status Desired	Fee Red	quired	
City & State	te .	City & State	_	6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In			
24	25	29 3	<u>o</u>	Personal Property Tax.		□No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent		
RAM	AASIR, WILTON			·			
	4 S. STATE ROAD 7		82 Street Add	dress (P.O. Box Number is Not Acceptable)			
MIRA	AMAR FL 33023		83				
			84 City	FI	_ 85 Zip C	Code	
.11- Pursuant.	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose of tion's board of directors. I hereby accept the apport	f changing its	registered	
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corporat	tion's board of directors. I hereby accept the appo	sintment as reg	gistered	
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Plofid	ia Statutes.	-	~ , ,	J	
agent. I a SIGNATURE		ations of, Section 607.0505, Plond	egistered Agent signature requir	red when reinstating) DATE	~ , ,		<i>≈</i>
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0505, Plond	a Statutes.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR		(80)
agent. I a	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: R	egistered Agent signature requir		ND DIRECTO	RS IN 12	(11/98)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON	ent and title if applicable. (NOTE: R	egistered Agent signature requir				34 (11/08)
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON	ent and title if applicable. (NOTE: R	egistered Agent signature requir 13. 1.1 TITLE				DE034 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON	ent and title if applicable. (NOTE: RIND DIRECTORS	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME		Change	☐ Addition	PDE034 (11/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON 2204 S. STATE ROAD 7	ent and title if applicable. (NOTE: R	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS				CB2E034 (11/98)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON 2204 S. STATE ROAD 7	ent and title if applicable. (NOTE: RIND DIRECTORS	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP		Change	☐ Addition	CR2E034 (11/98)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD RAMASIR, WILTON 2204 S. STATE ROAD 7 MIRAMAR FL 33023	ent and title if applicable. (NOTE: RIND DIRECTORS	egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE		Change	☐ Addition	CB2E034 (11/98)
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.