SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P9300000033

FILED Jul 07, 1999 8:00 am Secretary of State

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SWILL CA.	'S TRANSMISSION SERVIC	CE INC.												
Principal Place	of Business	Mailing Add	dress				- I				il ob ille b			
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Suite, Apt. i	#, etc.	Suite, A	Apt. #, etc.				5. Certifica	ate of Status Des	sired		• -	. 75 A		nal
City & State)	City & S	State				1	n Campaign Fina		П		5.00		
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4	[25]	29]		[30]				ble Personal Pro		L	Yes		340	
	9. Name and Address of Curre	nt Registered Ag	gent		81	Name	10, Name	and Address of	New Re	gistereu	Agent			
eur	THE WILLIAM CD				0'	Name								
	TH, WILLIAM SR.				82	Street Add	iress (P.O. Box	Number is Not A	Acceptab	le)				
	2 SW 44 TERR													
FIL	AUDERDALE FL 33314				83									
					84	City					85	Zip C	ode	
					1 - 1	 ,				FL				- }
11. Pursuant	to the provisions of sections 607.05	02 and 607,1508.	Florida Statute	es, the ab	ove-n	named corpo	oration submits	this statement fo	r the pur	pose of cl	nanging	j its reg	istere	
office or r agent. I a SIGNATURE	to the provisions of sections 607.050 registered agent, or both, in the Stat um familiar with, and accept the oblig	e of Florida. Such gations of, section	change was 607.0505, FI	authorize Iorida Sta	d by ti tutes.	he corporati	tion's board of c	directors. I hereb	or the purp y accept	pose of cl the appo	hanging intmen	its reg	jistere jistere	d d
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

IGNATURE:

William N. Time and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of 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.

SIGNATURE:

Daytime Phone #

P93000000033 582650-90013-36

June 30, 1999

Florida Department of State Division of Corporations P.O. 1500 Tallahassee, FL 32302-1500

Re: Smitty's Transmission

TO whom it may concern:

Enclosed please find a check for the annual registration of my corporation for \$ 150.00. Please accept this check because for some reason I did not get your first notice.

Sincerely,

William Smith President

William Smit
