Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90041 032 ***150.00

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

DOCUMENT # **P93000028669**1. Corporation Name

E & E AUTOMOTIVE DISTRIBUTORS, INC.

	·			1-1- <i>1</i>				
Principal Plac	e of Business	Mailing Address			1	- '		
7800 N. UNIVE	rsity drive	7800 N. UNIVERSITY DRIVE						
# 202 # 202					DO NOT WRITE IN TH	S SPACE		
TAMARAC FL 33321 TAMARAC FL 33321					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					04/20/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21		26			65-0419848		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	I	
22 27						Fee Re	<u> </u>	
City & State City & State					6. Election Campaign Financing	\$5.00	, ,	
23 28					Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes the current year i			
24	25	29 30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent	81	T	10. Name and Address of New Registere	u Agent		
EDC	TEIN ED		01	Name				
EPSTEIN, ED 10061 N.W. 50TH AVENUE # 202 CORAL SPRINGS FL 33076			82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
			<u> </u>					
			83					
COF	KAL SPRINGS FL 33U/B		84	City		85 Zip	Code	
·					<u>_</u> <u>_</u> <u>_</u> <u>_</u>	┗╽╽		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statutes, t	he abov	e-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its cintment as re	registered	
agent. I a	om familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	30.00.000 3.	Burner to and a full a		-	
SIGNATURE								
	Signature, typed or printed name of registered agen			nt signature req	uired when reinstating) DATE			
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PSTD	☐ DELETE	1.1 TITLE		·	Change		
NAME	EPSTEIN, EDWARD	.	1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-S	it-ZIP		[7.0b	- Addisin	
TITLE	ļ	☐ DELETE	2.1 TITLE	ļ		Change	☐ Addition	
NAME	j		2.2 NAME				Į.	
STREET ADDRESS	}]	2.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME	<u> </u>		3.2 NAME	ļ				
STREET ADDRESS			3.3 STREE	TADORESS			ĺ	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			_	
TITLE		☐ DELETE	4.1 TITLE	1.		Change	☐ Addition	
NAME		*	4. 2 NAME			-	-	
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY- S		•			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
			5.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition	
		, ======	6.2 NAME	1		•		
NAME								

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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE	
-----------	--

STREET ADDRESS

CITY-ST-ZIP