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PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Mar 05, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State 03-05-1999 90090 011 ***150.00

FILED

i. Corporation	MENT # P93000 UTOMOTIVE, INC.	042852							
Principal Place	e of Business	Mailing Address				-	EL WINELL MAILLE I	TINIT HANGE IN	ipi Ollin link inni
1335 MARCHECI		1335 MARCHECK STREET							
JACKSONVILLE		JACKSONVILLE FL 32211							
						DO NOT WRIT	TE IN THIS	SPACE	 _
						3. Date Incorporated or Qualifed			
						06/16/1993		11.	Applied For
2. Principal Place of Business		2a. Mailing Address				4. FEI Number		— —	Applied For Not Applicable
21) Suite, Apt. #, etc.		Suite, Apt. #, etc.				. 59-3192441 Not Appl			
–	#, etc.	⊢				5. Certifcate of Status Desired			Required
City & State		City & State				e Flortion Compaign Financing		 	
¬ '	5	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zip	Country	Zip	Cour	itry		8. This corporation owes the curre	ent vear Int		
24	25	29	30	-		Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curren					10. Name and Address of New R	legistered	Ágent	
				81 Nan	ne .				
	NSON, DANIEL C		ŀ	82 Stre	et Addre	ess (P.O. Box Number is Not Accepta	ble)	-	
1335 MARCHECK STREET		62		00			, , , , , , , , , , , , , , , , , , ,		
JACKSONVILLE FL 32211		[8		83					-
			}	84 City				85 Zij	p Code
	to the provisions of Sections 607.050			'			<u> FL</u>	-	`
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	authorized	by the co	rporatio	n's board of directors. I hereby accep	ot the appo	intment as:	registered
SIGNATURE	Signature, typed or printed name of registered agei		E: Registered		re required	when reinstating)	DATE	497	TODO IN 40
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	E: Registered	Agent signatu	re required	when reinstating) ADDITIONS/CHANGES TO OFI	DATE FICERS AI		
12.	Signature, typed or printed name of registered ages OFFICERS AN		E: Registered 13.	Agent signatu E	re required		DATE FICERS AI	ND DIREC	
12.	Signature, typed or printed name of registered ager OFFICERS AN PTD JOHNSON, DANIEL C	ID DIRECTORS	13. 1.1 TIT 1.2 NA	Agent signatu E ME			DATE FICERS AI		
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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 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.