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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90017 044 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000087160

1. Corporation Name

HULLYV	YOUD AUTO DEPOT INC.			•			
Principal Plac	e of Business	Mailing Address				1917 - 2010 1100 11100 11100 11500 1911 	À BITLIT BALL 10 BT
4800-A N FEDERAL HWY 4800-A N FEDERAL HWY					1 May 1 Jack		
LIGHTHOUSE PT FL 33064 LIGHTHOUSE PT FL 33064					and the same of th		
US		US				WRITE IN THIS SPACE	
		e a provi			3. Date Incorporated or Qua 12/16/1993	lifed	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	· -	pplied For
21 26					65-0453808		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desire		Additional equired ·
City & Stat	City & State City & State			6. Election Camp		paign Financing \$5.00 May Be	
3 28					Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the	· <u>-</u>	_
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered Agent	
DEN	DELMAN, ILAN	half kapat 31 mg belong	8	1 Name		•	
			8	2 Street Add	dress (P.O. Box Number is Not Ac	ceptable)	
10775 RICHMOND PLACE COOPER CITY FL 33026			L	tablete garagest control to the state of the		47 435 1871	
y. 000	OFER CITTE 33020		8	3			- : 기계
,			8	4 City			Code
<u></u>	52 ·	ASTRA 1 A A LE				FL 1 1/11	
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was at	es, the about thorized b	ve-named cor y the corpora	rporation submits this statement for tion's board of directors. I hereby a	r the purpose of changing its accept the appointment as re	egistered
		ons or, section our osci, i lor	ida Otaldik	.φ.			
SIGNATURE					ired when reinstating)	DATE	
		and title if applicable. (NOTE:			ired when reinstating) ,	. 5	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature requi	ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: D DIRECTORS	Registered Ag	ent signature requi	ired when reinstating) ,	DATE OFFICERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND DP REIDELMAN, ILAN	and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITLE	ent signature requi	ired when reinstating) ,	DATE OFFICERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered egent of OFFICERS AND DP REIDELMAN, ILAN 10775 RICHMOND PLACE	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY-	ent signature requi	ired when reinstating) ,	DATE DOFFICERS AND DIRECTI Change	DRS IN 12
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS