

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).

FILED  
Aug 23, 1999 8:00 am  
Secretary of State  
08-23-1999 90008 018 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000088278  
1. Corporation Name  
PEMBROKE PINES AUTO CENTER, INC.

Principal Place of Business  
7803 PINES BLVD.  
PEMBROKE PINES FL 33024

Mailing Address  
7803 PINES BLVD.  
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/28/1993  
4. FEI Number  
65-0456913  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
\$5.00 May Be Added to Fees  
8. This corporation owes the current year  
Intangible Personal Property.

9. Name and Address of Current Registered Agent  
CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME SHIMONI, MANNY  
STREET ADDRESS 7803 PINES BLVD.  
CITY-ST-ZIP PEMBROKE PINES FL 33024  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]  
[DELETE]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (5/99)



Pembroke Pines Professional Centre  
9050 Pines Blvd. #450  
Pembroke Pines, FL 33024  
(954) 450-9906  
FAX (954) 450-9908  
E-mail fransonph@earthlink.net

P93000088278  
608721-90008-18

August 17, 1999

Secretary of State  
Division of Corporations  
Attention: Reinstatement  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

My name is Paul Franson and I am the accountant for Pembroke Pines Auto Center (65-0456913). Mr. Shimoni, President received a 2<sup>nd</sup> Notice for the Corporation Annual Report. However, Mr. Shimoni did not receive the 1<sup>st</sup> Notice. Please accept the enclosed check for \$150 and the 1999 Corporate Annual Report.

If I can provide any further information, please contact me at the address and phone numbers above.

Sincerely,

Paul Franson