

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 # P94000058411

1. Corporation Name

PHIL SMITH AUTOMOTIVE, INC.

Principal Place of Business
3801 WEST SUNRISE BLVD.
LAUDERHILL FL 33311

Mailing Address
3801 WEST SUNRISE BLVD.
LAUDERHILL FL 33311

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90112 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1994

4. FEI Number

65-0510582

Applied For

Not Applicable

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY
SHUTTS & BOWEN, LLP
20 N. ORANGE AVE., SUITE 1000
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME SMITH, PHILIP P
STREET ADDRESS 3801 WEST SUNRISE BLVD.
CITY-ST-ZIP LAUDERHILL FL 33311

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ~~DST~~ ☐ DELETE

NAME LUTTER, JON
STREET ADDRESS 3801 WEST SUNRISE BLVD.
CITY-ST-ZIP LAUDERHILL FL 33311

2.1 TITLE D S ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE

NAME LIGHT, MICHAEL
STREET ADDRESS 29500 S. DIXIE HWY
CITY-ST-ZIP HOMESTEAD FL 33033

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

NAME DEGROFF, DONNA W.
STREET ADDRESS 3801 W. SUNRISE BLVD
CITY-ST-ZIP FT. LAUDERDALE FL 33311

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VP T CFO ☐ Change ☒ Addition

5.2 NAME Michael R. Dayhoff
5.3 STREET ADDRESS 3801 W. Sunrise Blvd.
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Michael R. Dayhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-583-1234

Daytime Phone #

CR2E034 (11/98)