## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P9400066137

| KEN'S HI-TECH AUTOMOTIC                                  | E AND MANINE, INC.            |  |
|--|-------------------------------|--|
| Principal Place of Business 3580 GG+H AVENUE N.          | Mailing Address               |  |
| PINKLIAS PINAK, FL 34665  2. Principal Place of Business | 2n. Mailing Address           |  |
| \$11 -<br>Suite, Apt. #, etc.                            | 26   Suite, Apt. #, etc.   27 |  |
| City & State   | City & State                  |  |

FILED May 26 1998 8:00am Secretary of State

| 3580                        | 66+H AVE                               | ENUE N.  | 5                           | AME.                                |                         |                  |                |                                  |  |                                   |                     |                  |                             |
|-----------------------------|--|--|-----------------------------|-------------------------------------|-------------------------|------------------|----------------|----------------------------------|--|-----------------------------------|---------------------|------------------|-----------------------------|
| Pinchae                     | Pour                                   | 7 200  |                             |                                     |                         |                  |                |                                  | DO NOT WR  | ITE IN THIS                       | SPACE               |                  |                             |
| PINKLLAS PANK, FL 34665     |  |  |                             |                                     |                         |                  |                | 3. Date incorporated or Qualifie |  |                                   |                     |                  |                             |
|                             |  |  |                             |                                     |                         |                  |                |                                  | 8-24-1994  |                                   |                     |                  |                             |
| 2 Principal F               | Place of Business                      |  | 2n N                        | failing Address                     |                         |                  |                | <del></del>                      | 4. FEI Number  |                                   | 1                   | ΙΔr              | plied For                   |
| 31                          | 1000 01 000011070                      |  | 26                          | ioning , rour out                   |                         |                  |                |                                  | 59-329 3033  |                                   | <u> </u>            | <del>-</del>     | ot Applicable               |
| Suite, Apt.                 | # etc                                  |  |                             | uite, Apt. #, etc.                  |                         |                  |                |                                  | 37 387 3033  | ×                                 | 49                  | <del></del>      |                             |
|                             | ,                                      |  | <del></del>                 | alto, Apr. 4, oto.                  |                         |                  |                |                                  | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required |                     |                  |                             |
| City & Stal                 | la                                     | <del></del>                                    | 27                          | ity & State                         |                         |                  |                |                                  | - Florida Compiler Plancales   |                                   |                     |                  |                             |
|                             | 10                                     |  | —                           | ny a State                          |                         |                  |                |                                  | Election Campaign Financing     Trust Fund Contribution                          |                                   | -                   |                  | May Be<br>to Fees           |
| Zip                         |  | Country  | 28                          | ip .                                |                         | Country          | <del>, .</del> | ·                                |  |                                   |                     |                  |                             |
| —                           |  | )  | 29                          | p                                   | 30                      | OCUI III y       | y              |                                  | This corporation owes or has     Personal Property Tax due Ju                    | •                                 | Jrrent ye<br>▼Yes   | _                | angiore<br>] No             |
| 24                          | o Name and                             | d Address of Curre                             |                             | red Agent                           | 130                     |                  |                |                                  | 10. Name and Address of New  |                                   | <i>7</i> 7          |                  | ٠,٠٠                        |
| 1 0                         |  |  |                             |                                     |                         | 81               | Т              | Name                             |  |                                   |                     |                  | <del></del> -               |
| KEN G                       | OTEKUNST                               |  |                             |                                     |                         |                  | L              |                                  |  |                                   |                     |                  |                             |
|                             |  |  |                             |                                     |                         | 82               | [ :            | Street Add                       | ress (P.O. Box Number is Not Accept  | table)                            |                     |                  |                             |
|                             | .6+H AVEN                              |  |                             |                                     |                         | 83               | ┢              |                                  |  |                                   |                     |                  | <del></del>                 |
| P                           | PANK, FL                               | 34665  |                             |                                     |                         | 03               |                |                                  |  |                                   |                     |                  |                             |
| INKUI                       | I IMME, I'C                            | , , , ,  |                             |                                     |                         | 84               |                | City                             |  |                                   | 85                  | Zip              | Code                        |
|                             | <del></del>                            |  |                             |                                     |                         |                  | L              |                                  |  | FI                                |                     |                  |                             |
| 11, Pursuant<br>office of t | to the provisions<br>registeric agent. | s of Sections 607 05<br>, or holb, to the Stat | 02 and 607<br>ri of Florida | 1508, Florida Sta<br>Such change wa | itules, Ih<br>as author | e above          | e-r<br>v ti    | named corp<br>he corporal        | poration submits this statement for th<br>lion's board of directors. I hereby ac | e purpose (<br>cepi the ap        | ot chang<br>pointme | jing il<br>ni as | s registereri<br>registered |
| agent ta                    | am familiar with, a                    | and accept the oblig                           | gations of, 5               | Section 607.0505,                   | Florida                 | Statutes         | S.             | •                                | ŕ  | •                                 | -                   |                  | _                           |
| SIGNATURE                   | -                                      |  |                             |                                     |                         |                  |                |                                  |  |                                   |                     |                  |                             |
|                             | Signature Weed or Or                   | OFFICERS AT                                    |                             |                                     | _                       |                  | eni            | signature requi                  | ired when reinstaling)  ADDIT OF BUCKLAR FULL STOCK                              | DATE                              | (f + 3 + 1f 26 /    |                  | · #1 12                     |
| 12.                         | PARSIDENT                              | <del></del>                                    | NO DIN CIT                  | DELETE                              |                         | 13.<br>1.1 TITLE | -              |                                  | Matth call 2 (14) in the reason  |                                   | Ch                  |                  | Addition                    |
| NAME                        | KEN GUIE                               |  |                             | C Section                           |                         | L2 NAME          |                |                                  |  | <b>*</b>                          | B-44 011            | u.i.g.c          |                             |
| SIREFT ADDRESS              | 3580 661E                              |  |                             |                                     |                         | 3 STREET         |                | 227502                           |  |                                   |                     |                  |                             |
|                             |  |  | 4.7                         |                                     |                         |                  |                |                                  |  |                                   |                     |                  |                             |
| CITY+ST-7IP<br>TITLE        | MINERON I                              | MUC, FL 34                                     | 6, Ç, Z                     | DELETE                              |                         | 4 CITY-S         | 51-2           | ZIP                              |  | <del></del>                       | ☐ Chi               | Inne             | Addition                    |
| NAME                        | 1                                      |  |                             | beerie                              |                         | 2 NAME           |                | Í                                |  |                                   |                     | an go            |                             |
|                             | <b>.</b>                               | 788 B  | ***                         |                                     |                         |                  |                |                                  | Appendix of the second   |                                   |                     |                  |                             |
| STREET ADDRESS              | ł                                      |  |                             |                                     |                         | .3 STREET        |                | 1                                |  |                                   |                     |                  |                             |
| TITLE                       | <del></del>                            |  |                             | DELETE                              |                         | A CITY S         | 51-            | ZIP                              |  | <del> </del>                      | ☐ Cha               | 20/18            | Addition                    |
|                             |  |  |                             | TI officia                          |                         |                  |                | ľ                                |  |                                   |                     | nige             | Koan-an                     |
| NAME                        |  |  |                             |                                     | 1                       | 2 NAME           |                |                                  |  |                                   |                     |                  |                             |
| STREET ADDRESS              | [                                      |  |                             |                                     |                         | 3 STAEET         |                |                                  |  |                                   |                     |                  |                             |
| CHY ST ZIP                  |  |  |                             | - NO. V                             | _                       | 4 CITY S         | 51-            | ZIP                              | <u>.</u>   |                                   | 1 64                |                  | Addition                    |
| TITLE                       |  |  |                             | DELETE                              |                         | .1 TITLE         |                |                                  |  | est de mi                         | L] Cha              | រាបួខ            | Addition                    |
| MAME                        | 1                                      |  |                             |                                     |                         | . 2 NAME         |                |                                  | 500002535<br>-05/26/9801057-   | _040                              |                     |                  |                             |
| STREET ADDRESS              | ļ                                      |  |                             |                                     | - 14                    | 3 STREET         | AD             | DRESS                            |  | []+{£                             |                     |                  |                             |
| CITY - ST - ZIP             | <u> </u>                               |  |                             |                                     | 4                       | 4 CITY - S       | 1-2            | 71P                              | ***158.75  |                                   |                     |                  |                             |
| TITLE                       |  |  |                             | DELETE                              | 5                       | 1 TITLE          |                |                                  |  |                                   |                     | inge             | Z Addition                  |
| NAME                        |  |  |                             |                                     | 5.                      | 2 NAME           |                |                                  |  | ~                                 | 1/2                 | 7/               | (n)                         |
| STREET ADDRESS              |  |  |                             |                                     | 5                       | 3 STREET         | AD             | DRESS                            |  | _                                 | // //               | 1/0              | J0                          |
| CITY - ST - 7IP             |  |  | , <u>.</u>                  |                                     | 5                       | 4 CITY-SI        | <u> 7 - 2</u>  | IIP _                            |  |                                   |                     | /                |                             |
| TITLE                       | ! <u> </u>                             |  |                             | DELETE                              | 6.                      | 1 TITLE          |                |                                  |  |                                   | Cha                 | nge              | ☐ Addition                  |
| NAME                        |  |  |                             |                                     | 6.                      | .2 NAME          |                | ]                                |  |                                   |                     |                  |                             |
| STREET ADDRESS              |  |  |                             |                                     | 6.                      | 3 STREET         | ADI            | DRESS                            |  |                                   |                     |                  |                             |
| CITY - ST - ZIP             | <u> </u>                               |  |                             |                                     | 6                       | 4 CITY-ST        | T - Z          | NP                               |  |                                   |                     |                  |                             |
|                             |  | newat  | ully then felor             | a dose sel evelil.                  | Lor the                 | overmnt          | _              | n stated in                      | Section 119.07(3)(i), Florida Statutes   | 1.6                               |                     | 4 46 -           |                             |

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 Statutos; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.