Mailing Address

5380 S. ORANGE AVE.

ORLANDO FL 32809

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072517

1. Corporation Name

Principal Place of Business

5380 S. ORANGE AVE.

ORLANDO FL 32809

WINTER'S AUTOMOTIVE, INC.

								[09/29/	1994					
2. Principal Pl	lace of Busine		2a.	2a. Mailing Address					4. FEI Nun					Appl	ied For
21			26	26				1	59-327	72044				Not i	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$8.7	5 Ad	lditional	
22	٠. ۵	27	27					5. Certifcate of Status Desired				Fee	Fee Required		
City & State	6	City & State					6. Election	Campaign F	inancing		\$5.0	00 M	lay Be		
23			28	8				1	•••	ind Contribut	_		•	led to	•
Zip			Zip Cou					8. This cor	poration owe	s the curre	ent year Inf	angible			
24	2	Personal Property Tax.					Yes		□No						
24 25 29 30 30 9. Name and Address of Current Registered Agent									10. Name a	nd Address	of New Ro	egistered	Agent		
		<u> </u>				81	Name	•							
WINTER, LINDA S.						82	Ctroot	• A al-d	s (P.O. Box	Number is M	ot Acconta	ble)			
5380 SOUTH ORANGE AVENUE						02	Street	t Addres	S (P.O. BOX	NUMBER IS N	oi Mocepiai	Jie į			
ORLANDO FL 32809						83		•——							
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						84	City					FL	85 Z	Zip Co	ode
A. Durana) - 15inin	ns of Sections 607.05	500 and 60	7 1509 Elocido Stot	utae tha	above	hamer	d corpore	ation submits	this stateme	ent for the r		changing	its re	edistered
office or re	edistered ager	nt or both, in the Stat	te of Florida	a. Such chaлge was	authorize	ed bv	the core	poration'	's board of di	rectors. I her	eby accept	t the appoi	ntment as	s regi	stered
agent. I a	m familiar with	, and accept the oblig	jations of, S	Section 607.0505, F	Iorida Sta	atutes									İ
SIGNATURE												DATE			
	Signature, typed or	printed name of registered ac					t signature	e required w	nen reinstating)	10/01/41/05		_	IO DIDEC	2700	C IN 42
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NAME	William Carlott					NAME									
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CITY-ST-ZIP	ORLANDO	FL 32809				CITY-S	T-ZIP	 							
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14. I hereby certify that the information supplied with this filling 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.

407-851-7746

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90092 045 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed