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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000072915

1. Corporation Name

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90020 008 ***150.00

| SLICK 1 | AUTO, INC. | | | | | | | | |
|--|--|--|---|--|---|---|-----------------------------------|--------------------------------|-------------------------------------|
| Principal Place | e of Rusiness | Mailing Address | | | | - L EDDELIDUĆE NIO LDVEL DIGIL DOLEL DO | HII Bu ill Bu ill (| | (188) Bill (58) |
| 1209 OLD HOP | ** | P O BOX 1000 | | | | | | | |
| UNIT A-38 | CITELE RD. | MANGO FL 33550 | | | | | | | |
| TAMPA FL 336 | 19 , | US | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | 3. Date Incorporated or Qualifed 10/04/1994 | | - | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Ap | plied For |
| 21 7939 | 7 E. Broadway Ave | 26 | | | | 59-3276617 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | • | | | 5. Certifcate of Status Desired | | \$8.75 | |
| 22 | | 27 | | | | | | | equired, |
| City & Stat | ie — | City & State | | | | 6. Election Campaign Financing | | \$5.00 | · . |
| 23 Tam | | 28 | | | | Trust Fund Contribution | | Added | to Fees |
| Zip | Country | Zip | | intry | | 8. This corporation owes the curr | ent year Int | | |
| 24 3361 | 1 0 0 | 29 | 30 | 1 | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | Lag T | N1 | 10. Name and Address of New F | cegisterea . | Agent | |
| \$TD | OUP, VERNON C | | | 81 | Name | | | | |
| | | | | 82 | Street Addre | ress (P.O. Box Number is Not Accepta | ıble) | | |
| | TRUMAN DRIVE | | | | | - | | | |
| SEF | FNER FL 33584 | | | 83 | | | | | ì |
| | | | | 84 | City | | | 85 Zip | Code |
| | • | • | | | • | | FL | . | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statut | es, the a | bove | -named corpo | oration submits this statement for the | purpose of | changing its | registered |
| office or r | registered agent or both in the State C | of Florida. Such change was a | utnonzec | o ov i | ine corporatio | on's board of directors. I hereby accep | or rue abbou | nument as re | gistered |
| anent la | m familiar with, and accept the obligati | tions of Section 607.0505. Flo | rida Stati | utes. | | | | | |
| | m familiar with, and accept the obligati | tions of, Section 607.0505, Flo | rida Stati | utes. | , | | | | |
| agent, I a SIGNATURE | m familiar with, and accept the obligati | tions of, Section 607.0505, Flo | nda Stati | utes. | | d when reinstating) | DATE | | |
| SIGNATURE | | tions of, Section 607.0505, Flo | nda Stati | utes. | | | DATE | ID DIRECTO | |
| | Signature, typed or printed name of registered agent | tions of, Section 607.0505, Flo | rida Stati : Registered | utes. | | d when reinstating) | DATE | | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered egent OFFICERS AND | tions of, Section 607.0505, Flo t and title if applicable. (NOTE D DIRECTORS | : Registered | Agent | | d when reinstating) | DATE | ID DIRECTO | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered egent OFFICERS AND DPST STROUP, VERNON C | tions of, Section 607.0505, Flo t and title if applicable. (NOTE D DIRECTORS | : Registered 13. 1.1 TI 1.2 N/ | Agent TLE | signature required | d when reinstating) | DATE | ID DIRECTO | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered egent OFFICERS AND DPST STROUP, VERNON C 4210 TRUMAN DRIVE | tions of, Section 607.0505, Flo t and title if applicable. (NOTE D DIRECTORS | : Registered 13. 1.1 TI 1.2 No. 1.3 ST | TLE AME | signature required | d when reinstating) | DATE | ID DIRECTO | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered egent OFFICERS AND DPST STROUP, VERNON C | tions of, Section 607.0505, Flo t and title if applicable. (NOTE D DIRECTORS | : Registered 13. 1.1 TI 1.2 No. 1.3 ST | I Agent TLE AME TREET | signature required | d when reinstating) | DATE | ID DIRECTO | |
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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, by or an attachment with an address, with all other like empowered.

SIGNATURE: