## 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).

**PROFIT** CORPORATION ANNUAL REPORT 1999

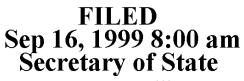


FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9400001234



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AUTO CRAFT INTERNATIONAL OF THE PALM BEACHES, IN									
C.					,		1 1887 IBB) 118 1814 BIBN 88111 BEST 88111 BEST 88111		<b>18</b> (1)(2) <b>8</b> ( <b>8</b> ) 2 <b>88</b> )
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Principal Plac	e of Busines	s	Mailin	g Address					18
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STUART FL 34997 STUART FL 34997									
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1							3. Date Incorporated or Qualified		7
Ì							12/15/1994		
2. Principal P	Place of Busi	ness	2a. Ma	2a. Mailing Address			4. FEI Number	Ap	plied For
21			<u> </u>	26			65-0542432	_ <del></del>	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$8.75	Additional
27				استه م آخو آ یا ا			5. Certificate of Status Desired	Fee Re	
City & State City & State							6. Election Campaign Financing	\$5.00	May Be
23 28							Trust Fund Contribution Added to Fees		
Zip		Country	Zip	)	Countr	у	8. This corporation owes the current year		_
24		25	29		30			Yes	] No
	9. Name	and Address of C		d Agent			10. Name and Address of New Registered Ag	gent	
					81	Name			
DRIPPS, LARRY K					82	Ctroot Add	Iress (P.O. Box Number is Not Acceptable)		
		AMERCE AVE			64	Sileet Add	iress (F.O. Box Number is Not Acceptable)		
STUART FL 34997					83	3			
ļ									
					84	City	' FL	85 Zip (	Code
11. Pursuant	t to the provi	sions of sections 607	7 0502 and 607 1	508 Florida Statute	es the above	-named como		naina its re	gistered
office or	registered a	gent, or both, in the	State of Florida.	Such change was	authorized b	y the corporat	oration submits this statement for the purpose of chan tion's board of directors. I hereby accept the appointment	nent as re	gistered
1	am tamiliar v	vith, and accept the	obligations of, se	cนอก 607.0505, Fil	onda Statute	<b>.</b>			ĺ
SIGNATURE	Signature typed	or printed name of registers	ed agent and title if appl	icable (N	OTE: Registered	Agent signature reg	guired when reinstating) DATE		I
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TITLE	Р			J110	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
NAME					1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
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SIGNATURE

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 of the ecceiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.