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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000026423

1. Corporation Name

Principal Place of Business

PLANTATION AUTO CARE & TIRE, INC.

| 11050 WILES ROAD SUITE 103 CORAL SPRINGS FL | | 9000 CLEARY BLVD SUITE 103 PLANTATION FL 33324 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/03/1995 | | | |
|---|-----------------------------------|--|--------------------------|--|---|----------------------|--------------|
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Apr | plied For |
| 21 9000 | Cleary Blue | 26 | | | 65-0600094 | Not | t Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A | |
| 22 | | 27 | | | 3. Certificate of otation promise | Fee Re | quired |
| City & State | J | City & State | ¬ ' | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 (Added to | |
| Zip | Country | 28 | Zip Country | | This corporation owes the current year Intar | | |
| | | <u> </u> | 30 | | | | □No |
| 24 3336 | 9. Name and Address of Current | 1L | | | 10. Name and Address of New Registered A | gent | |
| | or Italia did radioso or ourising | | 81 | Name | | | |
| DEMEO, PHILIP | | | | 0 | (D.O. Barrish and Acceptable) | | |
| 9000 CLEARY BLVD. | | | | Street A | Address (P.O. Box Number is Not Acceptable) | | |
| PLANTATION FL 33324 | | | 83 | | | • | |
| | | | 84 | City | FL | 85 Zip C | ode |
| 11. Pursuant to the provisions of Section's 807.1502 and 807.1506, Floridad statlets, the above-hained 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 project the obligations of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS II 12. | | | | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | Change | Addition |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | C] Glange | [_], |
| NAME | WATSON, JOHN | | 1.2 NAME | | | | |
| STREET ADDRESS | 9000 CLEARY BLVD | | | ADDRESS | | | } |
| C/TY-ST-ZIP | PLANTATION FL 33324 | ☐ DELETE | 1.4 CITY-S 2.1 TITLE | T-ZIP | | Change | Addition |
| TITLE | D DENES DINING | | 2.1 TILE | | | eege | |
| NAME | DEMEO, PHILIP | | | T 4 D D D C D D | | | |
| STREET ADDRESS | 9000 CLEARY BLVD | | 2.3 STREE | | | | |
| CITY-ST-ZIP | PLANTATION FL 33324 | ☐ DELETE | 2. 4 CITY-5 3.1 TITLE | 81-ZIP | | Change | ☐ Addition |
| TITLE NAME | and the same said and all the | | 3.2 NAME | | | | - |
| STREET ADDRESS | | | | T ADDRESS | | | |
| | | | 3.4. CITY-5 | | | | } |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | ,, <u>, , , , , , , , , , , , , , , , , ,</u> | | Change | ☐ Addition |
| NAME | | | 4. 2 NAME | | | | j |
| STREET ADDRESS | | | 4.3 STREE | TADORESS | | | į |
| CITY-ST-ZIP | | | 4.4 CITY- S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 T/TLE | | | ☐ Change | ☐ Addition |
| NAME | ٠. | | 5.2 NAME | | | | } |
| STREET ADDRESS | • | | 5.3 STREE | T ADDRESS | | | į |
| CITY-ST-ZIP | • | | 5.4 CITY-5 | T-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | _ | | 6.2 NAME | | | | |
| | • | | 6.3 STREE | TADDRESS | | | |

6.4 CITY-ST-ZIP

SIGNATURE:

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 suppliemental 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 treatee 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 attactorient with an address, with all other like empowered.

954-<u>423-330</u>

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90184 039 ***150.00