PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035305

STREET ADDRESS

SIGNATURE:

RADIATOR WAREHOUSE OF VOLUSIA, INC.

}									# # # # # # # # # # # # # # # # # # #
Principal Place of Business Mailing Address									., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
555 EIGHTH ST	•	555 EIGHTH ST							
HOLLY HILL FL 32117 HOLLY HILL FL 32117						DO NOT WRITE IN THIS	SDACE		
us						3. Date Incorporated or Qualified	SFACE	<u> </u>	
						05/01/1995			
2. Principal Place of Business 2a. Mailing Address									ed For
21		26 445 Star	ı Driv	'e		59-3312319		Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. 1 (One)			5,- Certificate of Status Desired Fee Required			
City & Stat	to .	City & State				6. Election Campaign Financing	\$5	.00 м	av Re
23		28 Melbourr		FI		Trust Fund Contribution	Ad	ded to	
Zip	Country	Zip	r—	untry	7.4	This corporation owes the current year Int Personal Property Tax.	angible ☐ Yes	ð	K .
24	25	29 32904	30	US T	A	10. Name and Address of New Registered			-
 	9. Name and Address of Curre	it Registered Agent		81 1	Name	IV. Haine and Address of Herr Registered	- Nour		
WiNI	DISCH, ROBERT C			١٠٠١ '	Mairie				~
315 STAN DRIVE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
UNITS 8 & 9				83					
MELBOURNE FL 32904				84 (City		85	Zip Co	de
					-	oration submits this statement for the purpose of	.	,	
agent. I a	am familiar with, and accept the obligation of t				ignature require	d when reinstating) DATE			
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRE	CTOR	S IN 12
TITLE	P	DELETE	1.1 Π	TLE			☐ Cha	ange	☐ Addition
NAME	WINDISCH, ROBERT C		1.2 N	AME		•			
STREET ADDRESS	450 HARWOOD AVE		1.3 S	TREET AD	ODRESS				
CITY-ST-ZIP	SATELLITE BEACH FL 32937		1.40	TY-ST-Z	ΩP				
TITLE	0.1122112	☐ DELETE					Cha	ange	☐ Addition
NAME			2.2 N	AME					
STREET ADDRESS	, ·		2.3 S	TREET AL	DORESS				İ
CITY-ST-ZIP		ن ب ب سب		CITY-ST-Z			-		
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CITY-ST-ZIP	i e			CITY-ST-Z					
TITLE		DELETE					Cha	ange	Addition
NAME	Į.		4.21	NAME					
STREET ADDRESS			438	TREET AC	ODRESS				
CITY-ST-ZIP				ITY-ST-Z					
TITLE		DELETE					Cha	ange	☐ Addition
NAME	(5.2 N		}		•		
STREET ADDRESS	1		5.3 S	TREET AC	ODRESS				
į.				ITY-ST-Z					
CITY-ST-ZIP		☐ DELETE				,	Cha	ange	Addition
NAME		_	6.2 N	AME	Ĭ		-		

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address, with all other like empowered.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90262 044 ***150.00