FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 16 1997 8:00am
Secretary of State

TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000055851 (6)**

1. Corporation Name
ATP CAR BOUTIQUE, INC.

Principal Place of Business	Mailing Address
11018-104 OLD SAINT AUGUSTINE ROAD JACKSONVILLE FL 32257	11018-104 OLD SAINT AUGUSTINE ROAD JACKSONVILLE FL 32257-1023

3. Date Incorporated or Qualified: **07/19/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **APPLIED FOR** ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TURNER, ROSEMARIE J
11018-104 OLD SAINT AUGUSTINE ROAD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, ROSEMARIE J		1.2 NAME		
STREET ADDRESS	11018-104 OLD SAINT AUGUSTINE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	SCC 6-16-97	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	700002186377	
STREET ADDRESS			6.3 STREET ADDRESS	-05/21/97--01047--009	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***330.00	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 6/16/97

Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
ATP Car Boutique, Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
11018-104 Old St. Augustine Rd

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
Jacksonville FL. 32257

5b City, state, and ZIP code

6 County and state where principal business is located
Duval Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶
Rosemarie J. Turner

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ____
- ☐ Other (specify) ▶ ____
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) ____
- ☐ Plan administrator-SSN ____
- ☒ Other corporation (specify) Wholesale Retail
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization

(enter GEN if applicable) ____

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State: Florida | Foreign country: N/A

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ Wholesale
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ____
- ☐ Banking purpose (specify) ▶ ____
- ☐ Changed type of organization (specify) ▶ ____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ____
- ☐ Other (specify) ▶ ____

10 Date business started or acquired (Mo., day, year) (See instructions.)
07-19-1995

11 Enter closing month of accounting year (See instructions.)
12-31 December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ none At this Time

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ Sales - Auto cleaning + equipment

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. ☒ Business (wholesale) ☐ N/A
☐ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ ____ Trade name ▶ ____

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
10-08-1993	Duval Florida	59-3206197

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct, and complete.

Business telephone number (include area code)
1-904-268-6150 FAX
1-904-268-6797

Name and title (Please type or print clearly.) ▶ Rosemarie J. Turner

Signature ▶ Rosemarie J. Turner Date ▶ 5-30-97

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form SS-4 Rev. 12-93)

FORM FAXed to IRS on 5-30-97

2nd Attempt