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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000055851

1. Corporation Name

ATP CAR BOUTIQUE, INC.

## **FILED** Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90004 027 \*\*\*300.00



Principal Flace of Business Mailing Address						1 (20)(24) 154 (4)41 Blots Agint A3	11 00117 01101 0	1141 91191 1810	
11018-104 OLD SAINT AUGUSTINE ROAD 11018-104 OLD SA			INT AUGUSTINE ROAD						
JACKSONVILLE	FL 32257	JACKSONVILLE FL 3225	JACKSONVILLE FL 32257			DO NOT WRITE IN THIS SPACE			
					<u> </u>	3. Date Incorporated or Qualifed			
						07/19/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		A	polied For
21	·	26	26			<u>59-3453849</u>			o Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	<b>├</b> ──			5. Certifcate of Status Desired	red S8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing			May Be to Fees
23	Country	28 Zip	Coun	·n/		Trust Fund Contribution  8. This exporation owes the curre			to rees
Zip	·	29	30	ı y	ì	Personal Property Tax.	зи уса пис	Yes	12No
24	9. Name and Address of Curr		30			10. Name and Address of New R	legistered /		
	5. Name and Address of Our	on Negistalea Agoin	8	Nam					
TURN	NER, ROSEMARIE J		L.	) C+	-1 A 1duan	(D.O. Bay Number in Not Accents	thio)		
11018-104 OLD SAINT AUGUSTINE ROAD			`	32 Stree	treet Address (P.O. Box Number is Not		,ble j		
JACK	SONVILLE FL 32257		1	33					
			ļ.	34 City			FI	<b>85</b> Zip	Code
						distribution and for the		i	e registered
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obli	te of Fiorida, Such change Was	s authorized i	ov the cor	rporation's	ation submits this statement for the s board of directors. I hereby accep	t the appoir	itment as re	egistered
SIGNATURE									
	Signature, typed or printed name of registered a	AN() DIRECTORS	77 E: Registered A	gent signatur	e req iired w	ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT	ORS IN 12
12.	PSTD	DELETE	1.1 TITL		Т	ADDITIONS/OFFAITOES TO OFF	102110 111	Change	
TITLE	TURNER, ROSEMARIE J	C Petri-	1.2 NAM		}				_
NAME	11018-104 OLD SAINT AUGU	ISTINE ROAD		EET ADDRES	35				
STREET ADDRESS	JACKSONVILLE FL 32257	, o , ii , c , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o , i , o ,		-ST-ZIP	~				
CITY-ST-ZIP TITLE	SHOHOUTHELL I C GLEST	☐ DELETE	2.1 TITL		+-			☐ Change	Addition
NAME			2.2 NAM	E					1
STREET ADDRESS			2.3 STR	EET ADDRES	as l				}
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	3.1 TITL					☐ Change	☐ Addition
NAME			3.2 NAN	ıε					1
STREET ADDRESS			33 STR	EET ADDRES	ss				
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL	E				Change	Addition
NAME			4. 2 NA	Æ	İ				
STREET ADDRE 3S			4.3 STR	EET ADDRES	38				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		DELETE	51 TITL	E				Change	Addition
NAME			5.2 NAM		-				ļ
STREET ADDRESS			1	EET ADDRES	38				
CITY-ST-ZIP				'-ST-ZIP					
TITLE		☐ DELETE	61 TITL		-			☐ Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			63 STR	EET ADDRES	38				

CITY-ST-ZIP 14. Thereby 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 attack ment of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the receiver of

SIGNATURE:

SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR