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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9500062493

1. Corporation Name

RICK'S FLEET MAINTENANCE, INC.

Principal Place	of Business	Mailing Address			1 (581590) the letter settle s	)) <b>(</b> 1010 1010 1111 100)
1940 NW 18TH ST 11091 NW 18TH COURT						
BAY #1 CORAL SPRINGS FL 33071						_
POMPANO BCH FL 33069					DO NOT WRITE IN THIS SPACE	E
US					3. Date Incorporated or Qualifed	
					08/11/1995	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 367 .	3.W. 13° Aue	26 SAMCE			65-0603541	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			# Contitonto of Statue Desired	.75 Additional
22		27				ee Required
City & State	e 21 m	City & State			1 **	5.00 May Be
23 tom6	ANO Beh. M.	28				dded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24 330	65 25 BAOW AND	29 30	<u> </u>		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered Agent	<del>-</del>
				Name		
KEISER, RICHARD				Street Add	dress (P.O. Box Number is Not Acceptable)	
11091 NW 18 COURT					•	
COR	AL SPRINGS FL 33071		83			
	·		84	City	Fi (85	Zip Code
44 Diversional	the previous of Costions 607 0502	and 607 1508 Florida Statutes	the above	-named cor	rporation submits this statement for the purpose of change	ina its registered
office or re	egistered agent or both in the State of	r Florida. Such change was autho	onzea by	tne corpora:	ation's board of directors. I hereby accept the appointmen	as registered
agent. I ar	π familiar with, and accept the obligation	ins of, Section 607.0505, Florida	Statutes	-		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	istered Ager	t signature requi	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12
TITLE	D	☐ DELETE				hange
NAME	KEISER, RICHARD		1.2 NAME			
STREET ADDRESS	11091 NW 18TH COURT		13 STREET	ADDRESS		
			1.4 CITY-S			
CITY-ST-ZIP			2.1 TITLE	1-21		hange Addition
TITLE		L Descri	2.2 NAME		_	
NAME						
STREET ADDRESS			2.3 STREET			-
CITY-ST-ZIP	·	DELETE	2.4 CITY-S	T-ZIP -	ПС	hange Addition
TITLE		□ pereie	3.1 TITLE			nango
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Landidian
TITLÉ		☐ DELETE	4,1 TITLE		ПС	hange
NAME			4. 2 NAME			
STREET ADDRESS	•		4.3 STREET	ADDRESS		
C/TY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE	]		hange
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP		·	5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			hange

14. I hereby certify that the information supplied with this filling 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 supplementa 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.

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP