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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90051 004 ***150.00

i. Corporation	MENT # P95000 Name PRTS ARENA, INC.	078880) (1994) (1996) (1916) (1997) (1997)
Principal Place	of Business	Mailing Address			1 (888) 19101 18181 1911) 8811 (881
16739 SCHEER		16739 SCHEER BLVD.			
HUDSON FL 34667 HUDSON FL 34667				DO ALOT MODITE IN THE	0.004.00
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	Ì
		2a. Mailing Address		10/09/1995 4. FEI Number	Applied For
		├ ─ 1		59-3337797	Not Applicable
		Suite, Apt. #, etc.		_	\$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24	25	29 3	0	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
Onk	CON INTE		81 Name		
GRASSINI, JAMES 6336 EDENMORE AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	}
NEW PORT RICHEY FL 34653			83		
INCH	FORT RICHET TE 34033		65		
			84 City	F	85 Zip Code
		and 507 (509 Florida Statutos	the above-named corr	poration submits this statement for the purpose of	of changing its registered
office or re agent. I an SIGNATURE	fram - Je		norized by the corporation of th	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the	ointraent as registered
12.	/ /: // // // _ // /	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE		Change Addition
NAME /	GRASSINI, JAMES		1.2 NAME		}
STREET ADDRESS	6336 EDENMORE AVE		13 STREET ADDRESS		}
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		1.4 GITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME	VOLK, KENNETH L.		2.2 NAME]
STREET ADDRESS	9401 BARNSTEAD LANE		2.3 STREET ADDRESS		j
CITY-ST-ZIP	PORT RICHEY FL 34668		2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	DELETE	3.1 TITLE		T. Charles T. Madaga
NAME]	VOLK, JEANNE		3.2 NAME		}
STREET ADDRESS	9401 BARSTEAD LANE		33 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		7 5-12-5	4.2 NAME		Í
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		Į.
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
-			6.2 NAME		}
ADDRESS			6.3 STREET ADDRESS		l
ST-ZIP			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.

- ATURE:

GNING OFFICER OR DIRECTOR

CR2E034 (11/98)