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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

	MENI# 176000	14477				
1. Corporation	on Name ShutoThans Po					
MIK	I AUTOT FAMILY	OFT INC				
						•
1						
Principal Plac	ce of Business	Mailing Address				
3444	10 DONNA VISTAPL	SAME				
	5, FL. 32736					
EUSTI	3, FC. 32/36			DO NOT WRITE IN THIS		
				3. Date Incorporated or Qualifed		112/96
			_	1 960000 10	<u>4453 </u>	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		plied For
21		26		59-3359433	Not	t Applicable
Suite, Apt.	, #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I .
22		27	-		Fee Rec	
City & Star	te	City & State		6. Election Campaign Financing	\$5.00	, ,
23		28	_	Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24	25		30	Personal Property Tax.		X No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
- T P	ture MRILE-	1 •	81 Name	JAMES M. Riley_		ì
2.44	140 DONNA VistA	Pl.	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
				O DONNA VISTA PL.		
Eust	(is, FL. 32736		83	•		Ì
}	·		84 City		85 Zip C	ode
{			Eu		- 32	736
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of	f changing its	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was au	thorized by the corporati	on's board of directors, i hereby accept the appo	iniment as reg	Jistereu
	am familiar with. and accept the obligati	ions of Section 607,0505, Flori	ida Statutes.			İ
_	- 1	ions of Section 607,0505, Flori	ida Statutes.		_	ĺ
signature	- 1	Mey fres.	ida Statutes. Registered Agent signature require	4-8-9 ad when reinstating) DATE	9	
_	of the stude of the students o	t and title if applicable. (NOTE:)	ida Statutes.	4-8-9	9 ND DIRECTO	RS IN 12
SIGNATURE	of the stude of the students o	t and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	4-8-9 ad when reinstating) DATE	9	
SIGNATURE	officers AND STATES AN	Tand title if pipicable. D DIRECTORS SUT DELETE	da Statutes. Registered Agent signature require 13.	4-8-9 ad when reinstating) DATE	9 ND DIRECTO	RS IN 12
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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.

SIGNATURE

407-886-5547

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90073 015 ***150.00