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 Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90268 004 ***150.00

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DOCUMENT #	P96000029782

1. Corporation Name

AUTO AIR & REPAIR INC.

Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1912-S.W100TH-AVE1912-S.W100TH-AVE MIRAMAR FL 33025 MIRAMAR FL 33025						DO NOT WRITE IN 1	THIS SPACE	
						3. Date Incorporated or Qualifed 04/04/1996		
2. Principal Pl	ace of Business	2a. Mailing Add	ress			4. FEI Number 65-0662918		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. 1	ŧ, etc.			5. Certifcate of Status Desired		5 Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip 24	Country 25	Zip 29	30	Country	<u></u>	This corporation owes the current year Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		— nd	T 41	10. Name and Address of New Registe	red Agent	
GOO	DINE, RICHARD			81	Name			
1047	7 S.W. 49TH PLACE PER CITY FL 33328			82	<u> </u>	ress (P.O. Box Number is Not Acceptable)		
000	TEN OIL TE 30320			83				
				84	1 1		FL "	Zip Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such cha	nge was autho	inzed by	the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment a	s registered
SIGNATURE			_					
	Signature, typed or printed name of registered agen		(NOTE: Regi		nt signature require	d when reinstating) DAT , ADDITIONS/CHANGES TO OFFICER		CTOPS IN 12
12.		D DIRECTORS	DELETE	13.	r	, AUDITIONS/CHANGES TO OFFICER	Chai	
TITLE	PD GOODINE, RICHARD		DELETE	1.2 NAME	ĺ			, _
NAME	10477 S.W. 49TH PLACE				TADDRESS			
STREET ADDRESS	COOPER CITY FL 33328			1.4 CITY-5				}
CITY-\$T-ZIP	STD	<u></u>	DELETE	2.1 TITLE	51-ZIF		Char	nge Addition
TITLE	GOODINE, ANNETTE		,	2.2 NAME				
NAME	10477 S.W. 49TH PLACE				T ADDRESS			
STREET ADORESS	COOPER CITY FL 33328			2.4 CITY-:				
CITY-ST-ZIP TITLE	COOPER CITT 7E 33320		DELETE	3.1 TITLE	31-21		Char	nge Addition
NAME		-		3.2 NAME	}			J
STREET ADDRESS					T ADDRESS			Ì
				3.4. CITY-				
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	-		Chai	nge Addition
NAME		-		4.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	a wat	State of a state	15	4.4 CITY-5				, <u> </u>
TITLE		Ţ <u> </u>	DELETE	5.1 TITLE			Char	nge Addition
NAME			•	5.2 NAME				
STREET ADDRESS				53 STREE	T ADDRESS			j
CITY-ST-ZIP				5.4 CITY - 5	ST-ZIP		_	
TITLE			DELETE	6.1 TITLE			☐ Char	nge Addition
NAME			j	62 NAME				
STREET ADDRESS				6.3 STREE	TADORESS			\
CITY-ST-ZIP				6.4 CITY-5	ST-ZIP			
							476 44 1	0 1-7

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: