PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033409

PRIMARY BRAKE AND FRICTION SERVICE, INC.

Principal Place of Business Mailing Address						-{	 	I ISI na kiini ala ir b	1110 1111 1011	
837 S.W. 26TH COURT 837 S.W. 26TH COURT										
FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315						DO NOT WRI	TE IN THE	CDACE	والمسترسين	
								IE IN THIS	SPACE	
							3. Date Incorporated or Qualifed 04/17/1996			
		2- Mailing	Addrose				4, FEI Number		ΙΔnr	olied For
—₁ ·	lace of Business	2a. Mailing	Address				65-0667257		<u> </u>	Applicable
Suite, Apt.	# etc	26 Suite A	Apt. #, etc.						\$8.75 A	
	#, GIG.	<u> </u>	27				5. Certifcate of Status Desired		Fee Re	I
City & Stat	te .		City & State			-,,	6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added to	· .
Zip				Country			8. This corporation owes the current year Intangible.			
24	25			30			Personal Property Tax.			
	9. Name and Address of Curre	nt Registered Ag	gent	·			10. Name and Address of New F	Registered	Agent	
		 .		81	Na	me				
	AN, ROBERT P			82	Sti	reet Addre	ess (P.O. Box Number is Not Accepta	able)		
837 S.W. 26TH COURT										
FT.	LAUDERDALE FL 33315			83						
				84	Cit	h			85 Zip C	Code
	to the provisions of Sections 607.05							FL	_	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable		Registered Ager	nt signa	ature required	when reinstating) ADDITIONS/CHANGES TO OF	-1-9 DATE FICERS AI		RS IN 12
TITLE	D		DELETE	11 TITLE					Change	Addition
NAME	ZEKAN, ROBERT P			1.2 NAME		İ			•	
STREET ADDRESS	ANT CAM ANTIL COURT			1.3 STREE	T ADDF	RESS				[
CITY-ST-ZIP	FT. LAUDERDALE FL 33315			1.4 CITY-S	T-ZIP					
TITLE	D		DELETE	2.1 TITLE	~~~				☐ Change	Addition
NAME	ZEKAN, KATHRYN J			2.2 NAME			•			
STREET ADDRESS	AAT CAN ACTU COURT			2.3 STREE	TADDE	RESS				}
CITY-ST-ZIP	FT. LAUDERDALE FL 33315			2. 4 CITY-5	ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE		i			Change	☐ Addition
NAME			•	3.2 NAME						
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CITY-ST-ZIP				3.4 CITY-5	ST-ZIP					
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NAME				4. 2 NAME				•		,
STREET ADDRESS				4.3 STREE	TADDI	RESS				
CITY-ST-ZIP				4.4 CITY-S	T-ZIP				Change	☐ Addition
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NAME				4	T ADD	DESS	•		•	
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CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE)1-ÆP		 		☐ Change	Addition
TITLE			☐ DELETE	6.1 INCE					□ ∧uange	
NAME					T 4 DD	DEC.				
A*DEET + DDOEC				6.3 STREE	· I Allin					

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 chapsed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90151 040 ***150.00