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

i. Corporatio	IVIEN # P96000(IL BEACH AUTO SERVICE, IN						
Principal Plac	e of Business	Mailing Address			························	4 11101 BII BI 1811	
2509 ALTERNATE 19 PALM HARBOR FL 34683 US		2509 ALTERNATE 19 PALM HABOR FL 34683 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/24/1996			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied	For
21		26			59-3374687	Not Apr	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additi	ional
22		27			5. Certifcate of Status Desired	Fee Require	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May	Ве
23		28			Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip	Countr	У	8. This corporation owes the current year In		
24	25		30		Personal Property Tax.	☐ Yes ☐ N	io
	9. Name and Address of Current	Registered Agent	8.	4 L A1	10. Name and Address of New Registered	Agent	-
KASSIS, MARCIA COY 2509 ALTERNATE 19					ddress (P.O. Box Number is Not Acceptable)		,
PALM HARBOR FL 34684			8:	3	· · · · · · · · · · · · · · · · · · ·		15 163
			84	4 City	· · · · · · · · · · · · · · · · · · ·		100
	4		٥	+ City	FI	85 Zîp Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): DATE							
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS I	N 12
TITLE	PD	☐ DELETE	1.1 TITLE		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Change	Addition
NAME	KASSIS, MARCIA		1.2 NAME		•		1
STREET ADDRESS	3205 MEADOWVIEW LANE		1.3 STREE	ET ADDRESS			ļ
CITY-ST-ZIP	PALM HARBOR FL		1,4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME -	,		2.2 NAME	1	• •	**	:-
STREET ADDRESS			2.3 STREE	ET ADORESS		• •	
CITY-ST-ZIP	e e e e e e e e e e e e e e e	gyga en er eg	2.4 CITY-	ST-ZIP		٠.	
TITLE	564 AVS 56 55	□ DELETE	3.1 TITLE			☐ Change ☐	Addition
NAME	PROPERTY OF THE STATE OF THE ST	K*.	3.2 NAME		•	,	•
STREET ADDRESS	William Company of the company of th	• •	3.3 STREE	ET ADDRESS	医多层试验 化铁铁石 人名德伊马德法德莱德	8 . 3 Et a 1 C 7	ji 14.
CITY-ST-ZIP	8. 差別 (4度 (997) (47)。 ((5))		3.4. CITY-	ST-ZIP	· 通知 · 通知 · 通知 · 阿拉克斯	人名葡萄 医传统效果	(1) 1 (1) 1
TITE.	, .	☐ DELETE	4.1 TITLE	Γ.	元から、 またい 大学 は 野野 神経	Change 🐉 🔃] Addition
NAME 2007 ALTEGRAS	F 19	the second second	4. 2 NAME	:	•		1
STREET ADDRESS	2		4.3 STREE	TADDRESS		•	
CITY-ST-ZIP		1.61	4.4 CITY-	ST-ZIP			
шŕЕ	· -	☐ DELETE	5.1 TITLE		•	☐ Change ☐	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	E Mr. 1	i i	5.4 CITY-5	ST-ZIP			l

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

☐ DELETE

2005 NEW GOOT -

种联展 机轴接流流

NAME

STREET ADDRESS

CITY-ST-ZIP:

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90001 009 ***150.00

727-787-3 /27

Change

☐ Addition