FILED

Feb 21, 1999 8:00 am Secretary of State

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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

DOCUMENT # P96000058170

1. Corporation					
INDEPENDENT AUTOMOTIVE SERVICES, INC.					
Principal Place of Business Mailing Address					,
1901 N DIXIE HWY 1901 N DIXIE HWY					
LAKE WORTH FL 33460 LAKE WORTH FL 33460					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					07/11/1996
Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21 26				65-0577837 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5, Certifcate of Status Desired	
27					
City & State					6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees
Zip	Zip Country Zip		Country		8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
24	9. Name and Address of Curren		1001		10. Name and Address of New Registered Agent
			81	Name	
1	RIM, RAMBHARAT		82	Street A	Address (P.O. Box Number is Not Acceptable)
1901 N DIXIE HWY				J. J	
LAKE WORTH FL 33460			83		
			84	City	85 Zip Code
					FL 10 25 5000
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 agen	A - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	F: Degretored Area	at cianature re	equired when reinstating) DATE
12.		D DIRECTORS	13.	it signature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ D£LETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SUGRIM, RAMBHARAT		1.2 NAME		. 14.00
STREET ADDRESS	4915 N.W. 116TH AVENUE		1.3 STREE	T ADDRESS	BOYNTON BEACH FL 33426
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-S	T-ZIP	
TITLE	Р	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SUGRIM, RENNARD		2.2 NAME	}	
STREET ADDRESS	4915 N.W. 116TH AVENUE		2.3 STREE	TADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2.4 CITY-5	T-ZIP	Change D Addition
TITLE	VS	☐ DELETE	3.1 TITLE	ł	☐ Change ☐ Addition
NAME	TILAK, GIRSHAM		3.2 NAME		
STREET ADDRESS	4915 N.W. 116TH AVENUE			TADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	DELETE	3.4 CITY-5	51-217	☐ Change ☐ Addition
TITLE		ري ناميد ال	4, 2 NAME	Ì	
NAME STREET ADDRESS				TADORESS	
CITY-ST-ZIP			4.4 CITY-S	ļ	·
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	ļ	
STREET ADDRESS			53 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	İ	
STREET ADDRESS			6.3 STREE	T ADDRESS	

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 appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP