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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90040 003 ***150.00

DOCUMENT #	P96000062480

1. Corporation Name

LOW COST AUTO, INC.

- '									
Principal Place	of Business	Mailing Address			- C ;	1 10041001 ILB 0310 0111 031		HAN HIND WARDE A	111 11 11 1 11 1
•		6681 49TH ST N							
6681 49TH ST I PINELLAS PARK		PINELLAS PARK FL 33781							
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						Incorporated or Quali	fed		-
S. Dringing Di	ace of Business	2a. Mailing Address			4. FEI I			Δnr	died For
 i	ace of business	├ ─				3401173			Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.	_			5401170		\$8.75 A	
22	#, Glo.	27	_		5. Certi	fcate of Status Desired	d 🗆 🗀	Fee Re	
City & State	9	City & State				tion Campaign Financi t Fund Contribution	ng 🗆	\$5.00 to Added to	· .
23 - · · ·	Country	28	Count	nv.					/1 663
Zip						corporation owes the onal Property Tax.	current year into		□No
24	9. Name and Address of Current		30			e and Address of Ne	w Registered A		
	9. Name and Address of Correll	r Kagisterea Agent	- 1	1 Name	10. 742				
HALF	PRIN, LAURA A								
	49TH ST N		[8	Street	Address (P.O. B	ox Number is Not Acc	eptable)		
	LLAS PARK FL 33781		1	33			*	· 	
								7	
			1	34 City			FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ove-named	corporation sub-	mits this statement for	the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was au	uthorized I	by the corp	oration's board o	of directors. I hereby a	ccept the appoin	itment as reg	jistered
_	m tamiliar with, and accept the obligat	ions of, decilon our losco, frior	ida Statut	6 3.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered A	gent signature	required when reinstation	ng)	DATE	· 	
12.	OFFICERS AN	D DIRECTORS	13.			TIONS/CHANGES TO	OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E .	Secretar	y/Director		Change	xx Addition
NAME	HALPRIN, LAURA A		1.2 NAM	E	IT A	Halprin			
STREET ADDRESS	6681 49TH ST N				Laura A.	narpirn			
CITY-ST-ZIP			1.3 STR	EET ADDRESS	1	h Street N.			
	PINELLAS PARK FL 33781			EET ADDRESS '-ST-ZIP	6681 49t	-	33781		
TITLE	PINELLAS PARK FL 33781	DELETE		-ST-ZIP	6681 49t Pinellas	h Street N.	33781	Change	XX Addition
	PINELLAS PARK FL 33781	DELETE	1.4 CITY	'-ST-ZIP E	6681 49t Pinellas Presiden	h Street N. Park, FL t/Director	33781	Change	XX Addition
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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 affectment with an address, with all other like empowered.

SIGNATURE:

EARD TYPED OR DEINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

(727) 521-4664

Daytime Phone

CR2F034 (11/98