## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000068224

1. Corporation Name

Principal Place of Business

ULTIMATE AUTOMOTIVE, INC.

4715 62ND AVE N PINELLAS PARK FL 33781		4715 62ND AVE N PINELLAS PARK FL 33781		DO N	IOT WRITE IN TH	IIS SPACE		
· #/ ·	A Something				3. Date Incorporated or 08/14/1996		IO GI AGE	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number			Applied For	
21		26			59-3394659			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status D	esired		5 Additional
22		27			J. 00/11/00/00 0/ 0-11/00 2			Required
City & State		City & State		_	6. Election Campaign Fi	- 11	•	00 May Be
23		28			Trust Fund Contribution			ed to Fees
Zip .			¬ .		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
24	25   29   30   9. Name and Address of Current Registered Agent		<del></del>		10. Name and Address of New Registered Agent			
<del></del>	9. Name and Address of Current	i Negisterea Agent	81	Name	10, 1141110 4114 7144 1000	<u> </u>		
KLEII	n, mike							
4715	62ND AVE N		82 Street Ad		fress (P.O. Box Number is No	t Acceptable)		ľ
PINELLAS PARK FL 33781			83					
STATE A FEAT BURNESS FOR SPEE		最近できる数 ad ide ないではなります。	84	City			. 85 Z	ip Code
	•			Ĺ <u></u>		F		
office or re agent. I as SIGNATURE	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 change was authorions of, Section 607.0505, Florida	orized by Statutes	the corporat	lion's board of directors. I here	aby accept the apr	ointment as	registered, §
				nt signature requir	red when reinstating)	DATE	AND DIREC	TOPS IN 12
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIDECTORS IN 12    V Change			
TITLE	SHIPMAN, DANNY	_ Descrit	1.2 NAME					
NAME STREET ADDRESS	ATE A DOMENT DAY OFFICE			T ADDRESS				
CITY-ST-ZIP	(APPLIAGE DATE)		1.4 CITY-S	T-7IP 1	PINELLAS PARK FL 33781			
TITLE	P	☐ DELETE	2.1 TITLE		11.0 11.1	<del></del>	☐ Chang	ge Addition
NAME	KLEIN, MIKE		2.2 NAME					1
STREET ADDRESS	9205 52ND ST. NO		2.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	PINELLAS PARK FL 33782		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Chang	ge 🗌 Addition
NAME	`		3.2 NAME					
STREET ADDRÉSS	· ·		3.3 STREE	TADDRESS				
CITY-ST-ZIP			3 4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Chang	ge Addition
NAME	•		4.2 NAME	ĺ				ĺ
STREET ADDRESS			4.3 STREE	TADORESS				ļ
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				no D Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				☐ Chanç	ge 🗍 Addition
NAME				TADORESS	• .	*		J
STREET ADDRESS			5.3 STREE 5.4 CITY-S	, i		•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	51-ZIP			☐ Chang	ge
TITLE			6.2 NAME	{	•			an Flynginou
NAME			O.E. INVINE	1				i

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. Block 12 or Block 13 if changed, or on an attachm

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90250 033 \*\*\*150.00