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

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

04-22-1999 90056 002 ***150.00

DOCUMENT # P96000068316

1. Corporation Name

M&V AUTOMATIC TAILGATES, INC.

Principal Place of Business	Mailing Address			
1705 3RD STREET SE RUSKIN FL 33570	1705 3RD STREET SE RUSKIN FL 33570			DO NOT WRITE IN THIS SPACE
•				3. Date Incorporated or Qualifed
				08/15/1996
2. Principal Place of Business	2a. Mailing Address		•	4. FEI Number Applied For
21	26			59-3511742 Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country 24 25		untry		8. This corporation owes the current year Intangible Personal Property Tax.
=	of Current Registered Agent	T	•••	10. Name and Address of New Registered Agent
DONIAZ, MARTIN		81 82	Name	ess (P.O. Box Number is Not Acceptable)
1705 3RD STREET SE		02	Ou oct Addie	ina (i .o. box itamou to itat xioaspiasis)
RUSKIN FL 33570		83		
11. Pursuant to the provisions of Section		84	City	FL 85 Zip Code

g its registered s registered am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

agent. 1 a)		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELE		☐ Change ☐ Addition
NAME	DONIAZ, MARTIN	1.2 NAME	
STREET ADDRESS	1705 3RD ST SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP	
TITLE	V DELE		Change Addition
NAME	DELEON, VIRGINIA	2.2 NAME	
i	1705 3RD ST SE	2.3 STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	Change Addition
TITLE	Dete	3.2 NAME	
NAME	<i>,</i>	I	
STREET ADDRESS	•	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TTTLE	DELE		
NAME	/	4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELE	TE 6.1 TITLE	Change Addition
NAME	•	6.2 NAME	,
STREET ADDRESS		6.3 STREET ADDRESS	
GINEE I AUUNESS		0.4.C/EV ET 78B	

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.

SIGNATURE:

CR2E034 (11/98)

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Not Applicable