

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90049 041 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

*C. P. Auto Repair Inc*

Principal Place of Business

Mailing Address

*2334 NW 151 St  
 Opa Locka FL 33054*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

*1-97*

2. Principal Place of Business

2a. Mailing Address

21 *AS ABOVE*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

*65-0705667*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes  No

**9. Name and Address of Current Registered Agent**

*LAZARUS CORPORATE INDUSTRIES INC  
 890 SW 87 AVE STE. 16  
 MIAMI FL 33174*

**10. Name and Address of New Registered Agent**

81 Name *LAZARUS CORPORATE INDUSTRIES*  
 82 Street Address (P.O. Box Number is Not Acceptable) *890 SW 87 AVE # 16*  
 83  
 84 City *MIAMI* FL 85 Zip Code *33174*

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 *Clinton Powell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*5-27-99*

**12. OFFICERS AND DIRECTORS**

TITLE	<i>PRESIDENT</i>	<input type="checkbox"/> DELETE
NAME	<i>CLINTON POWELL</i>	
STREET ADDRESS	<i>17645 NW 36 ave</i>	
CITY-ST-ZIP	<i>OPA LOCKA FL 33056</i>	
TITLE	<i>SECRETARY</i>	<input type="checkbox"/> DELETE
NAME	<i>MELVINA POWELL</i>	
STREET ADDRESS	<i>17645 NW 36 ave</i>	
CITY-ST-ZIP	<i>OPA LOCKA FL 33056</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<i>NONE</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Clinton Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/27/99* 305 685 3430

Date Daytime Phone #

CR2E034 (11/98)