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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P96000091954**

HUBCAPS & WHEELS OF SOUTH FLORIDA, INC.

	3 & WILLES OF COOTIE									
Principal Place	of Business	Mai	iling Address					į		
4161 N SR 7			N STAR RD 7							
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021					DO NOT WRITE IN 1	THIS SPACE	
U\$		US	US				<u> </u>	<u> </u>	7110 01 7102	
							3.	Date Incorporated or Qualifed 10/30/1996		
		12-	Mailing Address				4.	, IFEI Number	App	lied For
2. Principal Pl	ace of Business		Mailing Address				"	65-0699953	Not	Applicable
21		26	Suite, Apt. #, etc.				+	1	\$8.75 A	dditional
Suite, Apt.	#, etc.	<u> </u>	Suite, Apr. #, etc.				5.	. Certifcate of Status Desired	Fee Red	quired
22		27	City & State				+-	i. Election Campaign Financing	\$5.00	May Be
City & State	9		City & State				0.	Trust Fund Contribution	Added to	
23		28	71-	Cou	intry		١.	I. This corporation owes the current year	ar Intangible .	
Zip	Country	⊢-¬	Zip		ii tu y		°	Personal Property Tax.	Yes	□No
24	25	29		30	1		10	Name and Address of New Registe	ered Agent	
	9. Name and Address of Currer		tered Agent		81	Name	- 10	i		
DIED	OC DAVMOND C	7 5 8 57 °			"					
	CE, RAYMOND S	* * * * * * * * * * * * * * * * * * * *	4 A		82	Street Addre	ess ((P.O. Box Number is Not Acceptable)		ł
	JACKSON ST		•					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2009 (C.) 1 (1) (3) (3)	85.10 3 10 1985
HOL	LYWOOD FL 33020				83		•			
!					84	City			85 Zip C	Code
					1 .	,		<u> </u>	FL	
11 Pursuant	to the provisions of Sections 607.050	02 and 60	07.1508, Florida Statu	ites, the a	bove	-named corp	oratio	on submits this statement for the purpo board of directors. I hereby accept the	se of changing its appointment as rec	registered pistered
office or r	egistered agent, or both, in the State im familiar with, and accept the obligation	of Florid	a. Such change was a Section 607 0505. Fli	authorize orida Stat	a by Lutes	the corporation.	mst	board of directors. I hereby accept the	арронином на те	,
೯೯ agent.la	im familiar with, and accept the obliga	ations or,	360001 001.0000, 1 h	0						
SIGNATURE	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOT	E: Registere	Agen	nt signature require	d wher	n reinstating) DA		
12.	OFFICERS AN	ND DIRE	CTORS	13.				ADDITIONS/CHANGES TO OFFICER		RS IN 12
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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 attachment with an address, with all other like empowered.

SIGNATURE

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90058 010 ***150.00