

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

DOCUMENT # P97000011379

1. Corporation Name

AMIN'S AUTO CENTER, INC.

Principal Place of Business

5615 RODMAN STREET
BAY #D
HOLLYWOOD FL 33023

Mailing Address

5615 RODMAN STREET
BAY #D
HOLLYWOOD FL 33023

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90008 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

4. FEI Number

05-0725539

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

2. Principal Place of Business

21 5655 Dawson St.

Suite, Apt. #, etc.

22

City & State

23 Hollywood Fl.

Zip

24 33023.

Country

2a. Mailing Address

26 5655 Dawson St

Suite, Apt. #, etc.

27

City & State

28 Hollywood Fl

Zip

29 33023.

Country

30

9. Name and Address of Current Registered Agent

ABRAHAM, SIMON
5615 RODMAN STREET
BAY #D
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name

Abraham, Simon.

82 Street Address (P.O. Box Number is Not Acceptable)

5655 Dawson St

83

84 City

Hollywood

FL

85 Zip Code

33023.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ABRAHAM, SIMON
STREET ADDRESS 5615 RODMAN ST BAY #D
CITY-ST-ZIP HOLLYWOOD FL 33023

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Abraham

simon

5655 Dawson St

Hollywood Fl 33023

☒ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99. (954) 893-9225.

Date

Daytime Phone #

CR2E034 (11/98)