PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000014362

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90033 035 ***150.00

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JPR POWER BRAKE SERVICE INC. Mailing Address Principal Place of Business 199 NE 32ND CT 199 NE 32ND CT. OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1997 2a. Mailing Address Applied For 4. FEI Number 2. Principal Place of Business Not Applicable 65-0768377 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country This corporation owes the current year Intangible Zip 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LARUSSO, JAMES P Street Address (P.O. Box Number is Not Acceptable) 82 9080 TALWAY CIRCLE **BOYNTON BEACH FL 33437** 83 Zip Code

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, and accept the obligations of Section 607.0505. Florida Statutes.

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agent, I am ramiliar with, and accept the obligations of, Section 607.0005, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating): 30ATE					
Signature, types of princes name of registered agent and the in experience.					
12.,	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	
TITLE 17: 1	PD (Person Conserved), 77 □ DELETE	1.1 πnLE	Change Addition	Jn	
NAME	LARUSSO, JAMES	1.2 NAME			
STREET ADDRESS	9080 TALWAY CIRCLE	1.3 STREET ADDRESS	s		
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP		_	
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition	on	
NAME	CHAMPIGNY, ROBERT A	2.2 NAME		1	
STREET ADORESS	799 NE 33RD STREET	2.3 STREET ADDRESS	s		
CITY-ST-ZIP	OAKLAND PARK FL 33334	2. 4 CITY-ST-ZIP		4	
TITLE	STD DELETE	3.1 TITLE	☐ Change ☐ Addition	ıπ	
NAME	GRAY, PETER	3.2 NAME		.	
STREET ADDRESS	7762 ORLEANS STREET	3.3 STREET ADDRESS	s ·		
CITY-ST-ZIP	MIRAMAR FL 33023	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE	Change Addition	nc	
NAME		4. 2 NAME	,		
STREET ADDRESS		4.3 STREET ADDRESS	s '		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		_	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	on	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	S		
CITY-ST-ZIP		5.4 CiTY-ST-ZiP		ᆜ	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Additi	on	
NAME	•	6.2 NAME		1	
STREET ADDRESS	•	6.3 STREET ADDRESS	S		
CITY-ST-ZIP		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:

Daytime Phone #