## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000017174 (8) DOCUMENT #

T & P AUTO CENTER, INC.	
Principal Place of Business	Mailing Address
12440 WEST DIXIE HIGHWAY NO MIAMI FL 33161	12440 WEST DIXIE HIGHWAY NO MIAMI FL 33161

FILED Jan 23 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/19/1997 2. Principal Place of Business 2a. Mailing Address Applied For 650747 140 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country  $Z_{\rm ID}$ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIDD. WALTER A III **700 NE 124 STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33161** 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTF: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE PD 1.1 7(1)(6) NAME MALMSBERRY, TODD 1.2 NAME STREET ADORESS 4544 NW 79TH AVENUE 1.3 STREET ADDRESS MIAMI FL 33166 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THILE MALMSBERRY, PATRICIA NAME 2.2 NAME STREET ADDRESS 4544 NW 79TH AVENUE 2.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33168** 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE **GONZALEZ, RAUL** 3.2 NAME STREET ADDRESS 4544 NW 79TH AVENUE 3.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TULE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 THILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP

14. Thereby 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 atlachment with an address.

1, 12 -aV