

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90023 044 ***150.00

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DOCUMENT # P97000018941

1. Corporation Name

AUTOMOTIVE DENT SPECIALISTS OF SOUTH FLORIDA, IN
C.

Principal Place of Business

2960 HARTLEY ROAD WEST
JACKSONVILLE FL 32257

Mailing Address

2960 HARTLEY ROAD WEST
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

65-0731817

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 7245 SW 125 Street
Suite, Apt. #, etc.

22 1

23 City & State
Miami, FL

24 Zip 33156 25 Country USA

26 Mailing Address

27 P.O. Box 562107

28 Suite, Apt. #, etc.

29 City & State

30 Miami, FL

31 Zip 33256 32 Country USA

33 Name and Address of Current Registered Agent

34 ROSTON, CARL D

35 150 WEST FLAGLER ST

36 SUITE 2500

37 MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 VPDS ☒ DELETE

NAME BLOCK, JEFF

STREET ADDRESS 2960 HARTLEY ROAD WEST

CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE PDT ☐ DELETE

NAME MORRISON, LARRY

STREET ADDRESS 2960 HARTLEY ROAD WEST

CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Morrison, Larry ☒ Change ☐ Addition

2.2 NAME 7245 SW 125 Street

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Miami, FL 33156

3.1 TITLE T/S ☐ Change ☒ Addition

3.2 NAME morrison, susan

3.3 STREET ADDRESS 7245 SW 125 Street

3.4 CITY-ST-ZIP Miami, FL 33156

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Susan Morrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 (305)343-0704

Date

Daytime Phone #

CR2E034 (11/98)