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 Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90100 026 ***150.00

DOCUMENT	#	P970	00022	2194

1. Corporation Name

AUTO EI	ECTRICAL & MECHANIC	AL SERVICES, INC.		
				T TARAH RAT TARAH KERUPARAN BARM BARM BARM BARM BARK TARAH KARA MERUPAKAN BARM BARM BARM BARM BARM BARM BARM B
			<u></u>	
Principal Plac	e of Business	Mailing Address		
2085 ARORA RI		3940 BARCELONA ST		
MELBOURNE FI US	_ 32935	TITUSVILLE FL		DO NOT WRITE IN THIS SPACE
03				3. Date Incorporated or Qualifed
				03/05/1997
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3433985 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	е ,	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		30	Personal Property Tax. Yes No
	9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Registered Agent
PATE	EL, JITENDRA A		o i ivaine	
	BARCELONA ST		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
	SVILLE FL	,	83	
1			63	
l			84 City	FL 85 Zip Code
dd Dominant	4.4.	E02 C07 4500 Florida Ctot. do.	the share named some	
office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was aut	thorized by the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Florid	da Statutes.	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable (NOTE: E	Registered Agent signature required	d when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE		^
NAME	PATEL, JITENDRA A		1.2 NAME	tel, Jikn dra A Change Addition
STREET ADDRESS	3940 BARCELONA ST		1.3 STREET ADDRESS 4	-29 So Babcock St
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP	RIBOYTRE, FL
TITLE	D	☐ DELETE	2.1 TITLE 2	Change Addition
NAME	Patel, arunbhai r		2.2 NAME Pa	itel, Arunbhar
STREET ADDRESS	3940 BARCELONA ST		2.3 STREET ADDRESS 4	29 So Babcock St
CITY-ST-ZIP	TITUSVILLE FL			nelbourne Fl
TITLE	D	☐ DELETE	3.1 TITLE	Change
NAME	PATEL, HEMANSHU		32 NAME Pa	tel, Himanshy
STREET ADDRESS	3940 BARCELONA ST		3.3 STREET ADDRESS	29 So Babcack st
CITY-ST-ZIP	TITUSVILLE FL		3.4. CITY-ST-ZIP	lelbourne Fi .
ΠTLE	D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Patel, Jitendra A .		4. 2 NAME	
STREET ADDRESS	3940 BARCELONA ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	م المناسب منصور ومنصور والمناسب المناسب المناس
STREET ADDRESS			5.3 STREET ADDRESS	and the same of th
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
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: