PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000036813**1. Corporation Name

DENNIS' QUALITY AUTO & TRUCK BODY, INC.

Principal Place of Business Mailing Address									1 18871 00 7 118 F		**********					
2061 SW 70TH AVENUE, F-11			2061 SW 70TH AVENUE. F-11													
DAVIE FL 33517			DAVIE FL 33317						1	OO NOT V	VRITE II	N THIS!	SPACE	=		
								3 Date	Incorporate					<u> </u>		
									3/1997							
2. Principal P	lace of Business		2a. Mailing Add	ress				4. FEI N						Apr	oled For	
21			26					65-0	747070					Not	Applicable	
Suite, Art.	#, etc.		Suite, Apt. #	t, etc.					cate of Stat	Dooiro	d [-	\$8.	75 A	dditional	
22			27			_		5. Cerui	Cale of Star	us Desire		· 	F	ee Rec	guired	
City & State			City & State					6. Electior Campaign Financing					\$5	5.00 Nay Be		
23			28					Trust Fund Contribution Added to Fees						Fees		
Zip Country			Zip			′		8. This co poration owes the current year In								
24 25			29 30					Personal Property Tax. 10. Name and Address of New Registere					Yes No		ZNNO	
	9. Name and Ado	liess of Current	Registered Agent		81	T _N -		10. Nam	e ana Ada	ess of Ne	w Kegi	steren P	igent			
MICHEL, DENNIS					81 Name				_							
2061 SW 70TH AVENUE, F-11 DAVIE FL 33317					82	St	reet Ad fre	et Ad fress (P.O. Box Number is Not Acceptable)						}		
					83	-										
D/11	12 00011				05											
					84	Ci	ty			-		FL	85	Zip C	ode	
44 0	to the provisions of S	a ations 607 0502	and 607 1609 Flav	rida Statutos the	abov		med co no	vation subn	nit : this eta	ement for	the pur		hanoi	na its i	registered	
office on	registered agent, or ho	on in the State of	Florida Such char	nge was authoriz	zed bv	the	corporation	n's board of	f directors.	hereby a	ccept the	app sin	tment	as reg	jistered	
agent. I a	m familiar with, and a	ccept the obligation	ins of, Section 607.	.0505, Fit nda St	atutes	S.										
SIGNATURE	Signature, typed or printed na	y of recietored agent	and title if applicable	(NOTI . Registe	red Ane	nt sian:	ature recurred	when reinstation	g) ———			DATE	—			
12.	Signature, typed or printed the	OFFICERS AND			3.				IC NS/CHA	NGES TO	OFFICE	RS / NI	DIR	ECTO	RS IN 12	
TITLE	D			DELETE 1.1	1 TITLE		_ _						Ch	ange	Addition	
NAME	MICHEL, DENNIS			1.2	2 NAME										l	
STREET ADDRESS	AGGA CHA TOTIL A			13	3 STREE	TADDI	RESS								!	
CITY-ST-ZIP	DAVIE FL 33317	,		1.4	4 CITY-S	T-ZIP										
TITLE				DELETE 2.1	1 TITLE								☐ Ch	ange	☐ Addition	
NAME				2.2	2 NAME										!	
STREET ADDRESS				2.3	3 STREE	TADD	RESS									
CITY-ST-ZIP				2.	4 CITY-S	ST-ZIP										
TITLE				DELETE 3.1	1 TITLE								Ch	ange	☐ Addition	
NAME				3.2	2 NAME											
STREET ADDRESS				3.3	3 STREE	TADD	RESS									
CITY-ST-ZIP					4. CITY-5	ST-ZIP										
TITLE				DELETE 4.1	1 TITLE								☐ Ch	ange	Addition	
NAME				4	2 NAME											
STREET ADDRE 3S				4.3	3 STREE	TADD	RESS									
CITY-ST-ZIP					4 CITY-S	T-ZIP							_			
TITLE					1 TITLE								☐ Ch	ange	Addition	
NAME					2 NAME											
STREET ADDRESS					3 STREE		RESS									
CITY-ST-ZIP					4 CITY-S	T-ZIP										
TITLE				/-	1 TITLE								☐ Ch	ange	☐ Addition	
NAME					2 NAME		2500									
CENTER ADDDESS	1			■ 6.3	3 STREE	r ADDI	RESS									

14. I hereby certify that the informa ion 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90136 024 ***150.00