

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90013 030 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000038355

1. Corporation Name  
**MEG AUTO, INC.**



Principal Place of Business: TUFFY AUTO SERVICE CENTER, 27790 S. TAMiami TRAIL, BONITA SPRINGS FL 34134-4222  
 Mailing Address: TUFFY AUTO SERVICE CENTER, 27790 S. TAMiami TRAIL, BONITA SPRINGS FL 34134-4222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1997**  
 4. FEI Number: **59-3442741**  
 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:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26 **19599 Vintage Trace Cir.**  
 Suite, Apt. #, etc.: 22  
 City & State: 23 **FT. Myers, FL**  
 Zip: 24 **33912** Country: 25  
 City & State: 27  
 Zip: 29 **33912** Country: 30 **Lee**

9. Name and Address of Current Registered Agent  
**BERON, GLADYS**  
**C/O TUFFY AUTO SERVICE CENTER**  
**27790 S. TAMiami TRAIL**  
**BONITA SPRINGS FL 34134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: **ST**  DELETE  
 NAME: **BERON, GLADYS**  
 STREET ADDRESS: **8603 FAIRWAY BEND DRIVE**  
 CITY-ST-ZIP: **FT. MYERS FL 33912**  
 TITLE: **P**  DELETE  
 NAME: **BERON, MARTIN**  
 STREET ADDRESS: **8603 FAIRWAY BEND DRIVE**  
 CITY-ST-ZIP: **FT. MYERS FL 33912**  
 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: **19599 Vintage Trace Circle**  
 1.4 CITY-ST-ZIP: **FT. Myers, FL 33912**  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS: **19599 Vintage Trace Circle**  
 2.4 CITY-ST-ZIP: **FT. Myers, FL 33912**  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 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.

SIGNATURE: **Gladys Beron** 8/28/99 941-267-5548  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)