## 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 Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90073 005 \*\*\*150.00

DOCUMENT # <b>P97000062709</b> 1. Corporation Name						
MGR AU	TO, INC.					
Principal Place of Business Mailing Address						
1868 NORTHWEST 38 AVE LAUDERHILL FL 33311 1868 NORTHWEST 38 AVE LAUDERHILL FL 33311						DO NOT WRITE IN THIS SPACE
.a						3. Date Incorporated or Qualifed 07/21/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26					65-0768865 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired   \$8.75 Additional Fee Required
	City & State City & State					6. Election Campaign Financing Solution
Zip	Country 25	Zip 29	Cou 30	ntry		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑No
	9. Name and Address of Curren					10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED				81	Name	Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE				Street	Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134				83		
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized	Dy ti	named ne corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent	signature r	equired when reinstating) OATE
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	. <b>⊯</b> DELETE	1,1 TITLE			PRESident Director Dichange Addition
NAME .	CAMPBELL, GARFIELD		1,2 NAME		Į	MARVIN EPNIS
STREET ADDRESS			1,3 ST	REET	DDRESS	1868 NW 20 DUE
CITY-ST-ZIP	LAUDERHILL FL 33311		1.4 CF	TY-ST-		Lauder hill. FL. 33311
TITLE .	VD ,	☐ DELETE	21 TI	ILE		Change Addition
NAME	ENNIS, MARVIN		2.2 N	ME	ļ	laseth ENNIS

23 STREET ADDRESS 1868 NW 38 1868 NORTHWEST 38 AVE STREET ADDRESS LAUDERHILL FL 33311 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-25-99

954 - 486 - 044 Dayline Phone #