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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90043 050 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000063481

1. Corporation Name

AUTOMOTIVE MANAGEMENT CONSULTANTS, USA, INC.

Principal Place of Business

5426 CRAFTS ST
NEW PORT RICHEY FL 34652

Mailing Address

5426 CRAFTS ST
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1997

4. FEI Number

59-3484629

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 2435 US 19 N

2a. Mailing Address

26 2435 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 670

27 670

City & State

City & State

23 HOLIDAY, FL.

28 HOLIDAY, FL.

Zip Country

Zip Country

24 34691

29 34691

30

9. Name and Address of Current Registered Agent

WARREN, RICHARD
5426 CRAFTS ST
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name WARREN, RICHARD

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

2435 US 19 N

83 #670

84 City Holiday

FL

85 Zip Code 34691

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.

Richard Warren Trust

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WARREN, RICHARD
1324 7 SPRINGS BLVD MSC#200
NEW PORT RICHEY FL 34655

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

T
WARREN, RICHARD
1324 7 SPRINGS BLVD. MSC 200
NEW PORT RICHEY, FL. 34655

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NGUYEN, THIN
6753 MILLSTONE DR
NEW PORT RICHEY FL 34655

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V
NGUYEN, THIN
8105 MONTGOMERY CT.
NEW PORT RICHEY, FL. 34655

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ DELETE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

P
GUGLIELMO, JOSEPH
4353 BRONCK CT.
HUDSON, FL. 34657

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ DELETE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

☐ DELETE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

☐ DELETE

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 727-942-8900

CR2E034 (11/98)