## 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** 

## DOCUMENT # P97000068344

DAVE KOOREY STREET RODS, INC.

	of Business			ing Address				ł				
8434 AFTON LANE				8434 AFTON LANE								
PORT RICHEY F	L 34668		POR	T RICHEY FL 34668				ļ	DO NOT WE	RITE IN THIS	CDACE	
											SPACE	
		•							Date Incorporated or Qualife	a		}
	· .								08/07/1997		<del></del>	
2. Principal Pl	ace of Busin	ess	2a.	Mailing Address				4.	FEI Number			pplied For
21			26						<u>59-3465655</u>			ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5	Certificate of Status Desired	Ė	<b>T</b>	Additional
22			27						Octational of Otology Doors of		Fee R	equired
City & State	9			City & State		_		6.	Election Campaign Financing	9 🗆	\$5.00	May Be
23			28					1	Trust Fund Contribution		Added	to Fees
Zip		Country		Zip	Cou	intry		8.	This corporation owes the cu	rrent year Int	angible	1
24	ſ	25	29		30			1	Personal Property Tax.		☐ Yes	□No _
			f Current Registe	ered Agent	<u> </u>	$\Box$		10.	Name and Address of New	Registered	Agent	
<del></del>				<del></del>		81	Name					
коо	REY, DAVE	C SR				82						
8434 AFTON LN							Street A	ddress (P	P.O. Box Number is Not Accep	ptable)		1
	ICHEY FL					83						
'''		31000										
						84	City			FL	85 Zip	Code
j						<u>]                                    </u>						
11. Pursuant	to the provisi	ons of Sections	607.0502 and 60	7.1508, Florida Statu	ites, the a	bove	e-named c	orporation	n submits this statement for the pard of directors. I hereby account	ne purpose of cent the appoi	changing its ntment as re	s registerea eaistered
office or re	egistered agt m familiar wit	ent, or both, in th	ne State of Florida ne obligations of, l	Section 607.0505, FI	lorida Stat	utes.	uie corpor	adon 5 bo	Sara of directors. Thereby doc	cpt are appea		
			•									I
01041471100												<b>'</b>
SIGNATURE	Signature, typed	or printed name of reg	istered agent and title if	applicable. (NOT	TE: Registered	/ Agen	t signature rec			DATE		
SIGNATURE 12.	Signature, typed		istered agent and title if	<del></del>	E Registered	/ Agent	t signature rec		reinstating) ADDITIONS/CHANGES TO C			
Ĺ <u>.</u>	Signature, typed			<del></del>			t signature red				ID DIRECTO	ORS IN 12
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6.1 TITLE

6.2 NAME

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, of on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

officer or director of the corporation, Block 12 or Block 13 if changed, of

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

7) 848 1140

Change
 Ch

☐ Addition

**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90197 040 \*\*\*150.00

CR2E034 (11/98)