Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90185 011 ***150.00

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 # P97000075881

1. Corporation Name

D & S ALITOMOTIVE OF SOUTH FLORIDA, INC.

0 4 0 1.	010111011112			
Principal Place of Business Mailing Address			i (Gålidå) era jätti käät adeli aant aatti kaat kesa jara jara jara jara jara jara jara ja	
C/O PRESCISION TUNE C/O PRESCISION TUNE				
1490 WEST BROWARD BLVD 1490 WEST BROWARD BLVD				DO NOT WRITE IN THIS SPACE
FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312				Date Incorporated or Qualifed
				09/03/1997
a Dissipated D	leas of Business	2a. Mailing Address		4. FEI Number Applied For
<u>├</u> ┐ '			65-0775786 Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.			\$8.75 Additional	
22	m, 000.	27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing 55.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
81 Name				Terrance Smoot
MARINELLI, JOHN V ESQ			82 Street A	Address (P.O. Box Number is Not Acceptable)
2201 NE 52ND STREET SUITE 10				3725 N. Federal Hwy
LIGHTHOUSE POINT FL 33064			83	
I			84 City	The state of the s
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. Preferby 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 ager	at and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating) DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMOOT, TERRY		1.2 NAME	
STREET ADDRESS	1490 WEST BROWARD BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 333 <u>12</u>		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	Elias Deouzo Blud 1490 W. Broward Blud
STREET ADDRESS			2.3 STREET ADDRESS	1490 W. Broward 2100
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Ft. Lauderdale MC 33312
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	,
CITY-ST-ZIP			3.4, CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	·
STREET ADDRESS			4 3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
L	I		6.2 NAME	

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS