## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DA, INC.



TRUCK PERFORMANCE AND ACCESSORIES OF SOUTH FLORI

DOCUMENT # P97000076036

Secretary of State

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90083 032 \*\*\*150.00



1918 SW 100 AVE BUILDING PIZES US  1918 SW 100 AVE BUILDING PIZES US  1918 SW 100 AVE BUILDING PIZES US  20	Principal Plac	ce of Business	Mailing Address				
US  3. Date Incorporated of Clusted Well  2. Principal Place of Business 23    Sulfo, Apt. 8, etc.							
3. Date Incorporation of Qualified 3. Opts Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Molifop Address 4. Fel Number 5. City A State 5. Certificate of Status Desired 5. City A State 6. Election Compagin Financing 7. Sulte, Apt. F. etc. 7. City A State 8. Election Compagin Financing 7. Sulte, Apt. F. etc. 7. City A State 7. City A State 8. Election Compagin Financing 8. Added to Fees 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 8. Name 8. Sass N.W. 11 ST. 8. PEMBROKE PINES FL 33024 8. City State				DO NOT WRITE IN THIS SPACE			
2. Piriotea Placs of Business 2. Piriotea Placs of Business 3. Piriotea Placs of Business 3. Piriotea Placs of Business 3. April 18							
2. Principal Place of Business 31 SU SU OO A VE 26 SA MEE SOUTE SUITS SU	•••				·		1
Sulfie, Apt 8, etc.	2. Principal F	Place of Business	2a. Mailing Address	-1		Ap	olied For
Solite, Apt. #, etc.  2	21 181		26 SAME		65-0778962	No	Applicable
City & State  Country  City & State  City & State  City & State  Country  City & State  City & State  Country  City & State  Cit	Suite, Apt.					•	II
Added to Fines    Trust Fund Contribution							
3 3 0 7 2 5 25 US 25					11	, , , ,	
RECTOR, GUY S 8935 NW. 11 ST. PEMBROKE PINES FL 33024  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 agent. Jam family with, and accept the physioloxy 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 registering typent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I hereby accept the application of the purpose of changing its registered agent. Jam family with, and accept the physioloxy of Section 07 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. Jam family with, and accept the physioloxy of Section 07 0505, Florida Statutes, United States of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the purpose of changing its registered of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the corporation's board of directors, I hereby accept the application of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the corporation's board of directors, I hereby accept the application of the corporation's board of directors, I hereby accept the application of the corporation's board of directors, I hereby accept the application of the purpose of changing its registered of the corporation of the corporation's board of directors, I hereby accept the application of the corporation of the corporation of the corporation of th	Zip	Country	Zip	Country	1		Д.,
RECTOR, GUY S 83935 N.W. 11 ST. PEMBROKE PINES FL 33024  82 Street Address (P.O. Box Number is Not Acceptable)  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 agent, and famility with, and accept the physiotons of Section 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and accept the physiotons of Section 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and accept the physiotons of Section 607 0505. Florida Statutes.  SIGNATURE System Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am famility with, and accept the applicance agent agen	24 350	<u> </u>		0			□No
RECTOR, GUY S 8935 N.W. 11 ST. PEMBROKE PINES FL 33024  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 upon a carget the publications 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 upon a carget the publications of Section 07 0505. Florida Statutes Statutes  SIGNATURE  Submits the provisions of Sections 607 0502 and 607 1508. Florida Statutes with a corporation submits this statement for the purpose of changing its registered office or registered upon a carget the publications of Section 07 0505. Florida Statutes  SIGNATURE  Submits the provisions of Sections 607 0502 and 607 1508. Florida Statutes with a corporation submits this statement for the purpose of changing its registered office or registered upon a carget the publications of Section Statutes.  SIGNATURE  Submits the provisions of Sections 607 0502 and 607 1508. Florida Statutes with a corporation submits this statement for the purpose of changing its registered office or registered upon a carget the publication of the corporation submits this statement for the purpose of changing its registered office or registered upon a carget the publication submits this statement for the purpose of changing its registered office of the corporation submits this statement for the purpose of changing its registered office of the corporation submits this statement for the purpose of changing its registered office of the corporation submits this statement for the purpose of changing its registered office of the corporation submits the corporation submits this statement for the purpose of changing its registered office of the corporation submits the corporatio		9. Name and Address of Current	Registered Agent	94 Namo	10. Name and Address of New Regis	ered Agent	
### Size Addross (P.O. Box Number is Not Acceptable)  ### Size Of Pender Prince Ft. 33024  ### City	REC	TOR GUYS		o, ivalle			
PEMBROKE PINES FL 33024  11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered open to me Sequent of both in the Seque of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appelment size registered agent. I am family within, and accept the pulpose of changing its registered agent. I am family within, and accept the pulpose of changing its registered agent. I am family within, and accept the pulpose of changing its registered agent. I am family with a capt the pulpose of changing its registered agent. I am family within an accept the pulpose of changing its registered agent. I am family within an accept the pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I am family within a pulpose of changing its registered agent. I all the pulpose of changing its registered agent. I all the pulpose of changing its registered agent. I all the pulpose of changing its registered agent. I all the pulpose of changing its registered agent. I all the pulpose of changing its registered a				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
B4   City   FL   85   Zip Code				83			
1. 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 Organic, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. Lain familiary with and accept the followaters. Such change was authorized by the corporation's board of directors. I hereby accept the application agent. Lain familiary with and accept the followaters. Such change was authorized by the corporation's board of directors. I hereby accept the application agent to the provision of the provis							
11. Pursuant to the provisions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered profile or registered profile or registered profile or registered pagent. I am familiarly with, and accept the folloyations of Socion 607 0505. Florida Statutes.  SIGNATURE  Signature, type or printed name of registered agent and time if applicable (NOTE: Registered Agent square in Registered viden reversables)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PROFILE STATUTE 12 NAME  STREET ADDRESS 133024 11 TITLE 13 STREET ADDRESS 13 STREET ADDRESS 14 ACTIV-51-2P 15 STREET ADDRESS 14 ACTIV-51-2P 15 STREET ADDRESS 15				84 City		FL 85 Zip C	ode
SIGNATURE   Signature, typed or protect name of registered agent and sile. Pspicatelle. (NOTE: Registered Agent Signature Required Refer referrations)   DATE	11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named c	orporation submits this statement for the purpo	se of changing its	registered
SIGNATURE   Signature, typed or protect name of registered agent and sile. Pspicatelle. (NOTE: Registered Agent Signature Required Refer referrations)   DATE	office or a	registered agent, or both, in the State of am familiar with, and accept the obligate	f Florida. Such change was autl ons al. Section 607.0505. Florid	horized by the corpor la Statutes.	ation's board of directors. I hereby accept the	appointment as rec	istered
12			x 5		1 4	51,199	}
TITLE	SIGNATORE	Signature, typed or printed name of registered agent	<u>'</u>	egistered Agent signature req	uired when reinstating) DA	TE	
NAME   RECTOR, SCOTT   12 NAME   STREET ADDRESS   S935 NW 11 ST   13 STREET ADDRESS   CITY-ST-ZIP   PEMBROKE PINES FL 33024   14 CITY-ST-ZIP   Change   Addition					ADDITIONS/CHANGES TO OFFICE		
STREET ADDRESS   SPANN 11 ST   13 STREET ADDRESS   14 CITY-ST-ZP   PEMBROKE PINES FL 33024   14 CITY-ST-ZP     17 III     18 III		'	□ DELETE			Change	- Addition
CITY. ST-ZIP         PEMBROKE PINES FL 33024         14 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME		COOF ANAL 44 OT		1			1
TITLE		1					
NAME		PEMBRUKE PINES FL 33024	□ nelete			Change	☐ Addition
23 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP     Change   Addition			C OCCEPTE				
CITY-ST-ZIP							
TITLE				1			
NAME  \$3.2 NAME  \$3.3 STREET ADDRESS  \$CITY- ST-ZIP  \$3.4 CITY- ST-ZIP  \$3.4 CITY- ST-ZIP  \$4.1 TITLE  \$4.1 TITLE  \$4.2 NAME  \$5TREET ADDRESS  \$4.3 STREET ADDRESS  \$4.3 STREET ADDRESS  \$4.4 CITY- ST-ZIP  \$5.1 TITLE  \$5.1 TITLE  \$5.2 NAME  \$5.3 STREET ADDRESS  \$6.3 STREET ADDRESS		***	□ DELETE	-	<u></u>	Change	Addition
STREET ADDRESS							_
STREET ADDRESS   STRE							
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Addition           NAME         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         CSTREET ADDRESS         CSTREET A							
NAME			□ DELETE			Change	Addition
STREET ADDRESS							_
CITY-ST-ZIP         4.4 CITY-ST-ZIP							
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS	-				<u> </u>		
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ DELETE			☐ Change	Addition
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS		1,		0.1 111 644			
54 CITY-ST-ZIP				5.2 NAME	•		
DELETE   DELETE   Change   Addition							
NAME  STREET ADDRESS  62 NAME  63 STREET ADDRESS	STREET ADDRESS			5.3 STREET ADDRESS			
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change	Addition
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	☐ Addition
	STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.3 STREET ADDRESS 54 CITY-ST-ZIP 6.1 TITLE 62 NAME		☐ 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: