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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000079246 (9)

1. Corporation Name
RBK'S AUTO, INC.

Principal Place of Business

2652-C MICHIGAN AVENUE
KISSIMMEE FL 34744

Mailing Address

2652-C MICHIGAN AVENUE
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

59-3467038

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 2644-E Michigan Ave

Suite, Apt. #, etc.

22

City & State

23 Kissimmee, FL

Zip

24 34744

Country

25 USA

2a. Mailing Address

26 3457 Fox Crossing Dr

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34741

Country

30 USA

9. Name and Address of Current Registered Agent

SALVATELLA, RUBEN
2652-C MICHIGAN AVENUE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

SALVATELLA, RUBEN

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

3457 Fox Crossing Dr

83

84 City

Kissimmee

FL

85 Zip Code

34741

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

RUBEN SALVATELLA

4-27-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SALVATELLA, RUBEN F
CITY-ST-ZIP 2652-C MICHIGAN AVENUE
KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME VD
STREET ADDRESS SALVATELLA, BEATRIZ G
CITY-ST-ZIP 2652-C MICHIGAN AVENUE
KISSIMMEE FL 34744

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SALVATELLA, RUBEN
1.3 STREET ADDRESS 3457 Fox Crossing Dr
1.4 CITY-ST-ZIP Kissimmee, FL 34741

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME SALVATELLA, BEATRIZ G
2.3 STREET ADDRESS 3457 Fox Crossing Dr
2.4 CITY-ST-ZIP Kissimmee, FL 34741

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 in an attachment with an address.

SIGNATURE

[Signature]

RUBEN SALVATELLA

4-27-98

CR2E034 (10/97)