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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

-



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080466 (0)

Country

VEHICLE SPECIFIC, INC.

Principal Place of Business	Mailing Address
2051 N.E. 23RD ST. POMPANO BEACH FL 33062	2851 N.E. 23RD ST. POMPANO BEACH FL 33062

28

Mailing Address

Suite, Apt. #, etc.

City & State

FILED Apr 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

561-367-1040

3. Date Incorporated or Qualified

6. Election Campaign Financing

Trust Fund Contribution

09/17/1997 EEL Number

24	25	29		30			Personal Property Tax due	June 30.	Yes	□ No
	9. Name and	Address of Current Regis	lered Agent				10. Name and Address of Ne	w Registered	Agent	
FESTA, BRENDA 2851 N.E. 23RD ST. POMPANO BEACH FL 33082				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)						
			ě	33						
				T e	34	City		FL	85 Z	ip Code
office or r	registered agent,		da. Such change was a	ulhorized	by:	the corporation	ration submits this statement for n's board of directors. I hereby			
SIGNATURE	Chantle band or co	ning name of registered agent and little	if and uplo	Gogislavad	Anna	nt signature required	( when rejugitating)	DATE		
12.	Signature, typeo or prin	OFFICERS AND DIRE		13.	A COURT	it siftuatore reduited	ADDITIONS/CHANGES TO		DIRECT	ORS IN 12
TITLE	P		DELETE	1.1 1011	F		ADDITIONS/OFFATOLO TO	DI HOLHO MIL	Chang	
NAME	FESTA, BE	SENDA	<del></del>	1.2 NAM		}				
STREET ADDRESS	2851 N.E.					ADDRESS :				
CITY-ST-ZIP		BEACH FL 33062		1.4 CITY		1				
TIFLE		•	☐ DELETE	2.1 TITU					Chang	e 🔲 Addition
NAME				2.2 NAM	Œ					
STREET ADDRESS				2.3 STA	EET A	ADDRESS				
CITY-ST-ZIP				2.4 CITY	Y - \$T	T-ZIP				
TITLE			DELETE	3.1 TITU	E				Chang	e 🔲 Addition
NAME				32 NAM	IE.					
STREET ADDRESS		•		3.3 STA	EET A	address				
CITY-ST-ZIP				3.4. CITY		T-ZIP	<del></del>	<del></del>	<del>-</del>	
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TITLE				5.1 TITLE					LJ CHARG	e Madaaan
NAME OTHER ADDRESS				5.2 NAM		· DDDGFGF				ł
STREET ADDRESS						ADDRESS				İ
CITY-ST-ZIP TITLE			DELETE	5.4 CITY 6.1 TITLE		- 2019			[] Chang	e Addition
NAME				6.2 NAM						
STREET ADDRESS					_	ADDRESS				1
CITY-ST-ZIP				6.4 City						Ī
14. I hereby o	certify that the info	ormation supplied with this	iling does not qualify for	the exem	nptio	ion stated in S	ection 119.07(3)(i), Florida Statu	ites. I further ce	ertify that t	he 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.										

Country