


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

APPROVED
AND
FILED

98 OCT 21 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA7000083061

1. Corporation Name

Hillside Transmission AND AUTO Service inc.

Principal Place of Business

Mailing Address

3341 N. Dixie Hwy.
POMPANO BEACH.
FLORIDA 33064

Same.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

650782216

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

29

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

Personal Property Tax due June 30.

☐

Yes

☐

No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NORMAN HOURIE
3821 NW 78 LANE
CORAL SPRINGS FL 33065

81 Name

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

83

200002672912-7

84

City

-10/26/98-0116-010

150.00 FL 85150.00

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

Norman Hourie President

8/28/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<u>NORMAN HOURIE</u>	<input type="checkbox"/> DELETE
NAME	<u>3821 NW 78 LANE</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>CORAL SPRINGS FL 33065</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		

TITLE	<u>HEERMAN HOURIE</u>	<input type="checkbox"/> DELETE
NAME	<u>3821 NW 78 LANE</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<u>CORAL SPRINGS FL 33065</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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.

SIGNATURE: Norman Hourie President 8/28/98 954 941 6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/97)