

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90040 010 ***150.00

DOCUMENT # P97000087685

1. Corporation Name

JSL AUTOMOTIVE, INC.

Principal Place of Business

20 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4626

Mailing Address

20 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1997

4. FEI Number

65-0787140

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 the current year Intangible
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, J G
20 NORTH ORANGE AVENUE
SUITE 1000
ORLANDO FL 32801-4626

81 Name

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

83

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VP S ☐ DELETE
NAME SMITH, PHILIP P
STREET ADDRESS 3801 W. SUNRISE BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33311

1.1 TITLE D P ☐ Change ☒ Addition
1.2 NAME Tak Liu a/k/a Ted Johnson
1.3 STREET ADDRESS 200 E. Sunrise Blvd.
1.4 CITY-ST-ZIP Ft.Lauderdale, FL 33304

TITLE D VP ☐ DELETE
NAME LUTTER, JON
STREET ADDRESS 3801 W. SUNRISE BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33311

2.1 TITLE VP T CFO ☐ Change ☒ Addition
2.2 NAME Michael R. Dayhoff
2.3 STREET ADDRESS 3801 W. Sunrise Blvd.
2.4 CITY-ST-ZIP Ft.Lauderdale, FL 33311

TITLE VP AS ☐ DELETE
NAME DEGROFF, D
STREET ADDRESS 3801 W SUNRISE BLVD
CITY-ST-ZIP FT LAUD FL 33311

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip P. Smith, VP

Date

Daytime Phone #

0090445

CR2F034 (11/98)