PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000092486

AAMCO TRANSMISSIONS OF MELBOURNE, INC.

Principal Place	OI Dusiliess							
705 E. HIBISCU	705 E. HIBISCUS BLVD. MELBOURNE FL 32901							
MELBOURNE FL	. 32901	MEEDOGANE 1 C 32301			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed		
					10/27/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
— ·	000 di 200	26			59-3474502	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
2		27			a Starting Compaign Financing	\$5.0	0 May Be	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees			
		28	Coun		_			
Zip	Country	Zip		uy	This corporation owes the current year in Personal Property Tax.	Yes	□No	
	25	29	30		10. Name and Address of New Registered	<u> </u>		
	9. Name and Address of Cur	rent Registered Agent		31 Name	To. Name and Address of New Registross			
	DIGUADO 41		'					
	L, RICHARD H		Ī	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	E. HIBISCUS BLVD.		L					
MEL	BOURNE FL 32901			83			A will be	
			l l	84 City		85 Zi	p Code	
			ł		rporation submits this statement for the purpose of the purpose of the port of directors. I hereby accept the appropriate the property accept the appropriate the property accept the property accept the appropriate the property accept the property accept the appropriate the property accept the property acc			
SIGNATURE	Signature, typed or printed name of registered	agotta and tare try	E: Registered A	agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
12.		AND DIRECTORS	1.1 TITL	-	//DB/HO/O/O// I// COO ! O TO T	Chang		
TITLE	D	C) DELETE	1.2 NA					
NAME	HALL, RICHARD H			REET ADDRESS				
STREET ADDRESS	705 E. HIBISCUS BLVD.			i i				
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STREET ADDRESS	8			Y-ST-ZIP				
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TITLE	1	☐ DELETE	0.1311					

6.4 CITY-ST-ZIP

NAME STREET ADDRESS

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.

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90010 045 ***150.00