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

29

9. Name and Address of Current Registered Agent

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000099568** 1. Corporation Name

MARINA AUTO CARE CENTER, INC.

Principal Place of Business	Mailing Address	
943 CLINT MOORE ROAD BOCA RATON FL 33487	943 CLINT MOORE ROAD BOCA RATON FL 33487	, DO NOT WRITE IN T
		Date incorporated or Qualifed     11/20/1997
Principal Place of Business     1	2a, Mailing Address 26	4. FEI Number 65-0792131
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution
Zip Country	Zip Country	This corporation owes the current year

30

Name

LICICE MADEIN

25

Mar 05, 1999 8:00 am Secretary of State
03-05-1999 90135 019 ***150.00

**FILED** 

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

HIS SPACE

Personal Property Tax.

10. Name and Address of New Registered Agent

943 CLINT MOORE ROAD BOCA RATON FL 33487			82	82 Street Address (P.O. Box Number is Not Acceptable)					
			83						
	1		84	City		FL	85	Zip Co	de
office or re agent. I a	to the provisions of Sections 607.0502 and 60 egistered agent, of both, in the State of Morida m familiar with add agreement Albigations of Signature, typed by Annied Rame of registered agent and title if a	Section 607,0505, Florid	a Statutes.	ine corpo	corporation submits this stateme tration's board of directors. I her	ent for the purpose of eby accept the appoint	tment	ng its re as regis	egistered stered
12.	OFFICERS AND DIREC		13.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRE	CTOR	S IN 12
TITLE	D CHIEFTO AND SHIEF	☐ DELETE	1.1 TITLE	T			Cha		Addition
NAME	HEISE. MARTIN		1,2 NAME						
STREET ADDRESS	943 CLINT MOORE ROAD		1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST	- ZIP		` <u> </u>			_
TITLE	D	☐ DELETE	2.1 TITLE				Cha	ange '	Addition
NAME	BERSON, GERALD		2.2 NAME						
STREET ADDRESS	943 CLINT MOORE ROAD		2.3 STREET	ADDRESS		•			
CITY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY-S	T-ZIP		,			
TITLE		☐ DELETÉ	3.1 TITLE				Ch	ange	☐ Addition
NAME			3.2 NAME					•	
STREET ADDRESS			3 3 STREET	ADDRESS					
CITY-ST-ZIP			3.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE	1			☐ Ch	ange	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST	-ZIP					T A LEVE
TITLE		☐ DELETE	5.1 TITLE				Ch.	ange	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			53 STREET						
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP					
TITLE		☐ DELETE	6.1 TITLE				□ ¢h	ang <del>e</del>	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	r-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 of the receiver of trustee emprovered 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 a state them that my name appears in the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the rec

SIGNATURE: