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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000101383**

KEN'S MOBILE LUBE, INC.

Principal Place	e of Business	Mailing Address				(#4 11 0 11 08101 (1 100 1118)	
		13660 49TH STREET NORTH WEST PALM BEACH FL 33411			DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualifed		
					11/26/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	. Apı	plied For
21		26			65-0792117	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current y		
24	25	29 - 30	<u> </u>		Personal Property Tax.		ØÑo
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent	
SUL	LIVAN, CAROL						
	30 49TH STREET NORTH		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)		
WES	ST PALM BEACH FL 33411		83			可以我们的	9.43 (1.12)
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			84	City	,	FL 85 Zip C	ode
		1.007.4500. 51. 11. 01.4.4	the shows			ose of changing its	registered
1. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	uie above	-named cor	poration submits this statement for the purp		- control - control
1. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	and 607.1508, Florida Statutes, f Florida. Such change was author ons of, Section 607.0505, Florida	orized by to Statutes.	named cor the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	appointment as rec	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	•	·		gistered
agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Reg	Statutes.	•	red when reinstating)	ATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligative signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florida and title if applicable. (NOTE: Reg D DIRECTORS	Statutes.	•	·	ATE RS AND DIRECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SUIINA 2-1-99

FILED

Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90058 022 ***150.00