

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000102472** ✓

1. Corporation Name

**CHASE TIRE & SERVICE, INC.**

Principal Place of Business

**4061 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064**

Mailing Address

**4061 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064**

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90004 036 \*\*\*155.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/05/1997**

4. FEI Number

**65-0797732**

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. ☒ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKOLNIK, ARIE  
4061 N FEDERAL HWY  
POMPANO BEACH FL 33064**

**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

TITLE **PTD** ☐ DELETE  
NAME **SKOLNIK, ARIE**  
STREET ADDRESS **4061 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VSD** ☐ DELETE  
NAME **FITZGERALD, SHAN**  
STREET ADDRESS **4061 NORTH FEDERAL HIGHWAY**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-99

Date

(954) 941-6880

Daytime Phone #

CR2E034 (5/99)

Untitled

P97000102472  
599424-90004-36

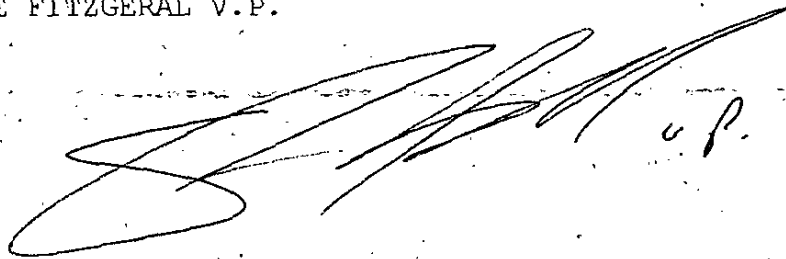
CHASE TIRE & SERVICE INC  
4061 N FEDERAL HWY POMPANO BCH  
FLORIDA 33064-6044 (954) 941-6880

TO: THE FLORIDA DEPARTMENT OF STATE  
: TO WHOM IT MAY CONCERN

IN REGARDS TO THE ANNUAL CORPORATIONS REPORT.  
I WAS SUPRISED TO SEE A SECOND NOTICE. TO THE BEST  
OF MY KNOWLEDGE I NEVER RECIEVED THE FIRST NOTICE.  
I MAY HAVE RECIEVED IT AND NOT REALIZED WHAT IT WAS.  
BEING IN BUSINESS FOR MYSELF FOR ONLY A YEAR, SOME OF  
THE PAPERS SENT OUT BY THE GOVERMENT CAN BE CONFUSING  
AND OVERWHELMING. I CALLED THE NUMBER ON THE SECOND NOTICE  
I TALKED TO RICHARD AND HE SAID TO WRITE THIS LETTER AND

ASK FOR YOU TO ACCEPT MY ANNUAL FEE WITHOUT THE LATE FINE  
IT WOULD BE GREATLY APPRICIATED. THANKS

SHANE FITZGERAL V.P.

A large, stylized handwritten signature in black ink, appearing to read 'Shane Fitzgerald V.P.', with a large loop at the end.