PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # 1. Corporation Name | P98000000538 |
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JOE'S RADIATOR & AUTO AIR, INC.

Principal Place of Business

Mailing Address

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90023 017 ***150.00



| 215 SE 4TH AVENUE CHEFLND FL 32626 | | 215 SE 47H AVENUE CHIEFLNO FL 32626 | | | DO NOT WRITE IN THIS SPACE | | | | |
|--|--|---|--|--|-----------------------------------|-----------------------------|-------------|--------------------------------|-------------------------------|
| | | | | · | 3. Date Incorpore 01/02/1998 | ted or Qualifed | | | |
| | | 2a. Mailing Address | failing Address | | 4. FEI Number | 4. FEI Number 59-3492797 | | | plied For |
| 24 26 | | | | <u> </u> | 39-3472111 | | | Additional | |
| Suite, Apt. 3 | #, etc. | Suite, Apt. #, etc. | | · | 5. Certificate of S | letus Desired | | | berlupe |
| City & State | | City & State | | | 6. Election Camp Trust Fund Co | | | | May Be_ to Fees |
| Zip | Country | Zip 29 3 | Cour | ntry | 8. This corporation Personal Prop | | ent year in | tangibie ☐Yes | E No |
| 24 | 9. Name and Address of Current | | <u>~</u> | | 10. Name and Ad | | egistered | Agent | |
| | 2. Pality and Addison of Current | Registered Agent | | 81 Name | | | | | |
| | ns, Joseph a Se 4th avenue | | i | 82 Street Ac | idress (P.O. Box Numbe | r is Not Accepta | ble) | | |
| | FLND FL 32626 | | } | 83 | | | | | |
| Offic | 3 END I E GEGED | | | | · | | | | |
| | | | [| 84 City | | | FL | _ [85] Zīp | Code |
| 44 Chumuma | to the provisions of Sections 607.0502 | and 607 1508. Florida Statutes | the at | pove-named co | orporation submits this s | talement for the | purpose of | changing its | registered |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, In the State o m familiar with, and accept the obligation | Florida, Such change was aut | horized | by the corpora | ation's board of directors | . I hereby accept | t the appo | intment as re | gistered |
| | | | | | | | | | 1 |
| | III IBitiliisi Wilii, siid accept üle obiigasi | | | | | | | | 1 |
| SIGNATURE | | <u> </u> | | | ulred when reinstating) | | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | | | uired when reinstating) | IANGES TO OFF | | | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: R | egislered | Agent signature requ | uired when reinstating) | | | | ORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: R | 13. | Agent signature requ | uired when reinstating) | | | ND DIRECTO | DRS IN 12 |
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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.

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