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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90007 035 ***150.00

t, Corporation	MENT # P98000 IN ROAD MART, INC.	0007133			I HARMANI MAR KRIBI KRIMI BRIMI BRIMI BRIMI BRIMI BRIMI	:::::::::::::::::::::::::::::::::::::	1
Principal Place of Business Mailing Address 252 S. MILITARY TRAIL WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415					DO NOT WRITE IN THIS		
					3. Date Incorporated or Qualifed 01/22/1998	OI MOL	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	oplied For
21		26			65-0809018		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State	y & State City & State 28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Žip	Country Zip			8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No			□No
1.20.0	9. Name and Address of Currer	nt Registered Agent		· r	10. Name and Address of New Registered	Agent	
4446	THE PERSON		8	1 Name			
MARTINEZ, PEDRO				2 Street A	ddress (P.O. Box Number is Not Acceptable)		
252 S. MILITARY TRAIL WEST PALM BEACH FL 33415				_			
WES	SI PALMI DEACH FL 33413		8:	3			
•			84	4 City	FL	85 Zip (Code
	to the provisions of Sections 607.05C egistered agent, or both, in the State m familiar with and accept the oblige that have been supported from the control of the control	of Florida. Such change was authoritions of, Section 607.0505, Florida	Statute	y the corpor s.	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint accept the accept the appoint accept the accept	79	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	BP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	MARTINEZ, PEDRO		1.2 NAME				
STREET ADDRESS	252 S. MILITARY TRAIL			ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-	1		☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE			□ onenge	ر ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
NAME			2.2 NAME	ET ADDRESS			
STREET ADDRESS			2.4 CITY-		-		-
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	31-21		Change	Addition
NAME .			3.2 NAME	:			\
STREET ADDRESS			1	ET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-	·ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME	.			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	ic		4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

(254) 346-8615

☐ Addition