**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800007497

1. Corporation Name

WHEELS & ACCESSORIES BY TOPPERKING, INC.

## **FILED** May 08, 1999 8:00 am Secretary of State

05-08-1999 90067 008 \*\*\*150.00

Principal Plac	Principal Place of Business  2a. Mailing Address 26  Suite, Apt. #, etc.  27  City & State  City & State  Zip  Country  25  29  30  9. Name and Address of Current Registered Agent  NYMARK, DENNIS V					
2. Principal Plans Suite, Apt. 3  City & State  Zip  Zip  AVYMA	L 33511 BRANDON FL 33511				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
ļ					01/22/1998	
2 Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
					59-3490829 Not Applicable	
Suite, Apt.	#, etc.				S8 75 Additional	
<b>⊢</b> ¬ '	27				5. Certificate of Status Desired Fee Required	
		<del></del>	City & State		6. Election Campaign Financing S5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
	Country	Zip	Country	,	8. This corporation owes the current year Intangible	
24	25	29 30	·		Personal Property Tax.	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent	
B 11.71.	HADIC DELINIO VI		81	Name	e e	
·			82	Street	et Address (P.O. Box Number is Not Acceptable)	
SUN CITY CENTER FL 335/3			83	ļ		
			84	City	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 reinstalling)  DATE						
			13.	it signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP OF THE PARTY	DELETE	1.1 TITLE		Change Addition	
NAME	BEASLEY, SHARRON W		1.2 NAME			
STREET ADDRESS	835 E. BRANDON BLVD.			ADDRESS	222	
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-S		~	
TITLE	VP	☐ DELETE	2.1 TITLE	1*21	Change Addition	
NAME	BEASLEY, MARK W		22 NAME			
STREET ADDRESS	835 E. BRANDON BLVD.		2.3 STREET	FADDRESS	200	
CITY-ST-ZIP	BRANDON FL 33511		2. 4 CITY-S		~	
TITLE	D	☐ DELETE	3.1 TITLE	11-211	☐ Change ☐ Addition	
NAME	BEASLEY, WILLIAM A		3.2 NAME			
STREET ADDRESS	835 E. BRANDON BLVD.		3.3 STREET	ADDRESS	22	
CITY-ST-ZIP	BRANDON FL 33511		3.4. CITY-S			
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	BEASLEY, TERRA D		4.2 NAME			
STREET ADDRESS	AND E BOARDON BUILD		4.3 STREET	ADDRESS	ss	
CITY-ST-ZIP	BRANDON FL 33511		4.4 CITY-S			
TITLE	S	☐ DELETE	5.1 TITLE		Change Addition	
NAME	BEASLEY, EDMUND A	_	5.2 NAME			
STREET ADDRESS	835 E. BRANDON BLVD.		5.3 STREET	ADDRESS	s	
CITY-ST-ZIP	BRANDON FL 33511		5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS	s	
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 or the receiver or trustee enhancement with an appears in Block 12 or Block 13 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE LOD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR