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

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90238 008 ***150.00

r. Corporatio	NUTOMOTIVE, INC.	009342					
Principal Place of Business Mailing Address					T SOUTHOUT THE TOURS OF THE TOURS OF THE	1 20118 18188 11111	#1010 1484 10E1
3681 SE 38TH AVE. 3681 SE 38TH AVE. OKEECHOBEE FL 34974 OKEECHOBEE FL 34974					DO NOT WRITE IN TH	IS SDACE	
					Date Incorporated or Qualifed	3 SFACE	
					01/28/1998		Ì
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
26				45-0862361		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 /	Additional	
27		27			5. Certificate of Status Desired	Fee Re	quired
		City & State			6. Election Campaign Financing	\$5.00	
23		28	0		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		 This corporation owes the current year I Personal Property Tax. 	ntangible Yes	× No
24	9. Name and Address of Current	29 30	<u> </u>		10. Name and Address of New Registere		
	3. Name and Address of Contem	Tragisteres Agent	81	Name			
CAF	rran, frank james		00	Ch A 2 2	Inne (D.C. Boy Number in Not Accontable)		
3681 SE 38TH AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
OKE	EECHOBEE FL 34974		83				
			84	City		. 85 Zip (Code
					F		
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE		MOTE P			ed when reinstating) DATE		[
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	it signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	DADAGO ERAND JAMES		1.2 NAME				1
STREET ADDRESS	SLOU SE BOTH AVENUE ORECCHOBEE, FL 34974		1.3 STREET ADDRESS]
CITY-ST-ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP				
TITLE	VICE PRESIDENT DELETE		2.1 TITLE			☐ Change	☐ Addition
NAME	CARRANIF RANK TAMES		2.2 NAME				
STREET ADDRESS	TREET ADDRESS 3681 6E 38+14 AUE		2.3 STREET ADDRESS		4		1
CITY-ST-ZIP			2.4 CITY-5	T-ZIP			
TITLE	SECRETA RY DELETE		3.1 TITLE		· _	☐ Change	☐ Addition
NAME	CARRAN, FRANK JAMES		3.2 NAME				ſ
STREET ADDRESS	ACKLOE GOLD TO COLD		3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	SKEE CHORE	5. FL 39979	3.4. CITY-S 4.1 TITLE	11-219		Change	☐ Addition
NAME	1000 - 5 BANKER		4. 2 NAME				
STREET ADDRESS	DRESS TO THE PROPERTY AND THE PROPERTY A		4.3 STREET ADDRESS				
CITY-ST-ZIP	13681 SE 3014	AVG	4.4 CITY-S				}
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	5		5.3 STREET	TADDRESS			1
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE		6.1 TITLE		•	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	6		6.3 STREET				
	1		CACITY C	1 71D			l l

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR