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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90069 019 ***150.00

DOCUMENT # P98000015452 1. Corporation Name AUTO SERV., INC. Principal Place of Business . Malling Address 7548 W. MCNAB RD. BLDG. A. BAY 1-2 N. LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified.	
AUTO SERV., INC. Principal Place of Business . Malling Address 7548 W. MCNAB RD. BLDG. A. BAY 1-2 N. LAUDERDALE FL 33068 Malling Address N. LAUDERDALE FL 33068 DO NOT WRITE IN THIS SPACE	
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2. Date incorporated or Qualified	
02/16/1998	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
20 20 20 20 20 20 20 20 20 20 20 20 20 2	Not Applicable 5 Additional
5. Certificate of Status Desired Li	Required
	0 May Be
Trust Fund Contribution Adde	d to Fees
Zip Country 2ip Country 8. This corporation owes the current year Integrible Personal Property Tax. 2 Yes	□No
25 29 30 Personal Property Tax. 4D res 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
CUTLER, WESTON M 82 Street Address (P.O. Box Number is Not Acceptable)	
6850 SW 5TH ST. MARGATE FL 33068	
FL 1	ip Code
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 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or private name of registered agent and tide of sopplicable. (MOTE: Registered Agent styneture required when reinitizating) DATE	· · ·
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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 roceiver 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: Weston Mir Cut