## 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

## DOCUMENT # P98000016384

NAME

STREET ADDRESS

CITY-ST-ZIP

BLACK FOREST TUNING, INC.

Principal Place of Business Mailing Address					1		
		P.O. BOX 941690 MAITLAND FL 32794-1690			DO NOT WRITE IN THI	S SPACE	
					3. Date incorporated or Qualifed		
					02/19/1998		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
<b>—</b>	acc of Boshieso	26			59-3495722	Not	Applicable
Suite, Apt.	# atc	Suite, Apt, #, etc.				\$8.75 A	dditional
<del></del>	m, 910.	27			5. Certificate of Status Desired	Fee Rec	
City & State	B	City & State		<del></del>	6. Election Campaign Financing	\$5.00	May Be
23	_	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Co	untry	8. This corporation owes the current year I	ntangible	
24	25	29	30		Personal Property Tax.		□ <u>No</u> ]
	9. Name and Address of Curren	<del></del>		T	10. Name and Address of New Registere	d Agent	
				81 Name	ILLIAM D. FONDRIEST	•	
WILKINS, ROBERT C JR					ess (P.O. Box Number is Not Acceptable)		
230 LOOKOUT PLACE				82 Street Addr			
MAITLAND FL 32751				83			
				1			
				84 City	EZ CITY F	85 Zip C	026
44 5 3	to the provisions of Spotions 607 050	2 and CO7 1509 Florida Statut	ac the	above-named com			registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	uthorize	d by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	gistered
agent. i a	m tamiliar with, and accept the obliga	alons of, Bection 007.0305, Fib		itutes		laa	
SIGNATURE	WILLIAM D. FONDRIE	ST PRESIDENT		od Agent signature required	DATE		
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	DELETE		TITLE		Change	☐ Addition
NAME	FONDRIEST, WILLIAM D			NAME			[
	3336 BOISE WAY			STREET ADDRESS			
STREET ADDRESS				1			
CITY-ST-ZIP	COOPER CITY FL	☐ DELETE	_	CITY-ST-ZIP TITLE		☐ Change	☐ Addition
TITLE	D SOURCE DARW W	C Decrete	1				
NAME	FONDRIEST, DARYL W			NAME			
STREET ADDRESS	6051 N.W. 153RD STREET			STREET ADDRESS	-		
CITY-ST-ZIP	MIAMI LAKES FL 33014	Flactor		CITY-ST-ZIP		~ - 🖃 Change ~-	- Addition
TITLE	D BONEST BONEST B	DELETE		mr ·		CT cuanda.	- Addition
NAME	TURNAGE, ROBERT B	•		NAME	~ \		
STREET ADDRESS	300 TIMBERCOVE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779		_	CITY-ST-ZIP		Change	Addition
MLE	}	☐ DELETE	•	TITLE		☐ Change	(**) MOOITOIT
NAME			4, 2	NAME			
STREET ADDRESS	}		4.3	STREET ADDRESS			
CITY-ST-ZIP			4.4	CITY-ST-ZIP			
TITLE		☐ DELETE	5.1	TIFLE		☐ Change	Addition
NAME			5.2	NAME			
STREET ADDRESS			5.3	STREET ADDRESS	•		
CITY-ST-ZIP			5.4	CITY-ST-ZIP		·	
TITLE		☐ DELETE	6.1	TITLE		☐ Change	Addition

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.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: WILLIAM ONES WORKER TRESTORN

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90079 049 \*\*\*150.00

a function for level regal matte south and the block bear 1960 (1901 for 1961) and the

305-826-321