**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P98000021767

## **FILED** Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90274 029 \*\*\*150.00

TRANSTECH AUTO CENTER, INC.							
Principal Place of Business		Mailing Address					
5905 PLUNKETT ST #A 5905 PLUNKETT ST #A						'	
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023							
						DO NOT WRITE IN THIS SI	PACE
						3. Date Incorporated or Qualified	المحاسمان
A DESCRIPTION OF THE PROPERTY						-03/06/1998	Analisat For
2. Principal Place of Business		2a. Mailing Address				4. FEI Number / C-0818912	Applied For Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			63-0010 100	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	<b>A</b> -2-1
24 25	2	29	30			minus group to or extract to provide the	Yes 🔀 No
9. Name an	d Address of Current Re	egistered Agent				10. Name and Address of New Registered Ag	ent
CALLAMANI THOM	AC I			81	Name		
Callahan, Thomas J 1028 n 31 road				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 3			-				
TIOLET WOOD TE S			83				
				84	City	FL	85 Zip Code
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the				<u></u> _			ging its registered
office or registered agent	t, or both, in the State of F	lorida. Such change wa	s authorize	d by 1	the corporation	ation submits this statement for the purpose of chan on's board of directors. I hereby accept the appointn	nent as registered
agent. I am familiar with,	and accept the obligation	s of, section 607.0505,	Florida Sta	tutes.			
SIGNATURE	rinted name of registered agent and	titis if applicable.	(NOTE: Registe	red Aa	ent signature requi	ired when reinstating) DATE	<del></del>
12. OFFICERS AND DIRECTORS			13.		, <b>,</b>	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE P Thom	ac T Calla	L DELETE	1,1 TI	TLE			Change Addition
Thomas J Callahan DELETE  NAME  STREET ADDRESS  TO J & N 31 AD			1.2 N	1,2 NAME			
STREET ADDRESS CITY-ST-ZIP  Holly wood, Fl 3302		1.3 \$1	1.3 STREET ADDRESS				
CITY-ST-ZIP # 170/1/y W	1000 17 30	<u> 302)                                     </u>	1.4 C	TY-ST-	ZIP		
TITLE /		DELETE	2.1 TI				Change Addition
NAME	, <u></u> .		2.2 N	ME			
STREET ADDRESS			2.3 \$1	REET/	ADDRESS		
CITY-ST-ZIP				TY-ST-	ZIP		
TITLE	,	DELETE	3,1 TI			L	Change Addition
NAME	•		3.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.1 TI	TY-ST-	-212		Change Addition
NAME		P DELETE	4.2 N			_	3 Change Addition
STREET ADDRESS			1 -		ADDRESS		
City-ST-ZIP			- 1	TY-ST-			
TITLE		DELETE	5.1 TI		-		
NAME		in the second	1		İ	· · · · · · · · · · · · · · · · · · ·	Change Addition
STREET ADDRESS			5.2 N	ME	i	<u></u>	Change   Addition
CITY-ST-ZIP			1		ADDRESS		Change Addition
TITLE			5.3 ST				Change . Addition
		DELETE	5.3 ST	REET A			Change Addition
NAME		DELETE	5.3 ST 5.4 CI	REET / TY-ST- TLE			
NAME STREET ADDRESS (		DELETE	5.3 ST 5.4 CI 6.1 TF 6.2 N/	REET A TY-ST- TLE AME			
<u>Į</u>		DELETE	5.3 ST 5.4 Cl 6.1 TF 6.2 No 6.3 ST	REET A TY-ST- TLE AME	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 of an attachment with an address.

**SIGNATURE:** 

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR