

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000021789**

1. Corporation Name

HARDPARTS SERVICES, INC.

Principal Place of Business

**6240 SW 7TH STREET
MARGATE FL 33068**

Mailing Address

**6240 SW 7TH STREET
MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1998

4. FEI Number

65-0817273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1828 ARAGON AVE.

2a. Mailing Address

26 1828 ARAGON AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 LAKE WORTH

City & State

28 LAKE WORTH

Zip

24 33461

Country

25 U.S.A.

Zip

29 33461

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**TILLEM, SCOTT E
10 FAIRWAY DRIVE SUITE 219
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name

BRAHM D. LEVINE, C.P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

515 N. FLAGLER DR. #300-P

83

84 City

WEST PALM BEACH FL

85 Zip Code

33401

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

Brahm D. Levine, C.P.A.

(NOTE: Registered Agent signature required when reinstating)

DATE

JULY 28, 1999

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ DELETE

NAME **HUFFMAN, JACK**
STREET ADDRESS **6240 SW 7TH STREET**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **D** ☐ DELETE

NAME **HUFFMAN, JACK**
STREET ADDRESS **6240 SW 7TH STREET**
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**441 S.E. 3RD. PLACE
DEERFIELD BEACH, FL. 33441**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**441 S.E. 3RD. PLACE
DEERFIELD BEACH, FL. 33441**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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.

SIGNATURE:

Jack Huffman

JULY 31, 1999

561-533-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

Brahm D. Levine, C.P.A., C.A.

Certified Public Accountant

515 N. Flagler Drive, #300-P
West Palm Beach, FL 33401
(561) 802-4163 • Fax: (561) 802-4164
blevine@agtech.net

599745-90013-84
P98000021789

July 28, 1999

Florida Department of State
Division of Corporations
Annual Reports Filing
PO Box 1500
Tallahassee, FL 32302-1500

Re; Hardparts Services, Inc. - P98000021789

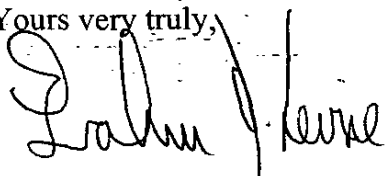
Dear Sir/Madam:

I am enclosing the 1999 Corporation Annual Report for the above corporation along with the initial filing fee of \$150.00. I am also enclosing the mailing correspondence which shows that the second notice was forwarded on 07/08/99. Mr. Huffman, the owner of the Corporation, moved in December, 1998 and never received the first notice for this annual report. The Corporation was incorporated in 1998 and this was the first renewal. Mr. Huffman had no means of being aware of the filing requirement because he did not receive the form. In addition, he was in the process of changing accountants at the same time.

I respectfully request, considering the circumstances involved, that the additional filing fee for filing after May 1, 1999 be waived in this case.

Thank you for your understanding.

Yours very truly,



Brahm D. Levine, C.P.A., C.A.