


FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90008 001 ***600.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000042840					
1. Corporation Name DIRECT AUTOMOTIVE SERVICE CENTERS OF SOUTH FLORIDA, INC.					
Principal Place of Business 13041 AUTOMOBILE BLVD CLEARWATER FL 34622			Mailing Address 13041 AUTOMOBILE BLVD CLEARWATER FL 34622		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 05/12/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-3527550	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KITENPLON, DAVID 13041 AUTOMOBILE BLVD CLEARWATER FL 34622			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME ORNS, JERRY STREET ADDRESS 13041 AUTOMOBILE BLVD CITY-STATE-ZIP CLEARWATER FL 34622			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME ORNS, LONNIE STREET ADDRESS 13041 AUTOMOBILE BLVD CITY-STATE-ZIP CLEARWATER FL 34622			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME KITENPLON, DAVID STREET ADDRESS 13041 AUTOMOBILE BLVD CITY-STATE-ZIP CLEARWATER FL 34622			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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: <u><i>Lonnie Orns</i></u> Lonnie Orns CFO 7/20/99 807 572-7440 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/98)

8/26/99
 Date

807 572-7440