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 # P98000044306

1. Corporation Name

ALLEN'S AUTOMOTIVE OF INDIAN RIVER, INC.

Principal Place	e of Business	Mailing Ad	ddress							
1406 OLD DIXIE HWY S.W. 1406 OLD DIXIE HWY							1			
VERO BCH FL 32962 VERO BCH FL 32962										
	•						DO NOT WRITE IN THI	SSPACE	 -	
	,	•					3. Date Incorporated or Qualifed 05/14/1998			
2. Principal P	lace of Business	2a. Mailing	, Mailing Address					4. FEI Number Applied For		
21	_	26					65-0837568		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional	
22		27					6.		Required	
City & Stat	8	City & State					6. Election Campaign Financing		May Be	
23		28					Trust Fund Contribution Added to Fees			
Zip	Country	Žip			intry		8. This corporation owes the current year li			
24∫	25	29		30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered A	gent		04	N	10. Name and Address of New Registered	Agent		
. MAL	ILICH IOHN I ID				81	Name				
MCHUGH, JOHN J JR. 333 17TH ST., SUITE U					82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	-		
							· · · · · · · · · · · · · · · · · · ·			
VER	O BCH FL 32960				83					
					84	City		. 85 Zij	Code	
					07	Oity	F.	L " - '		
SIGNATURE	Signature, typed or printed name of registered ager		· · · · · · · · · · · · · · · · · · ·		Agen	t signatura requ	uired when reinstating) DATE	ND BIDEO		
12.	OFFICERS AN	ID DIRECTORS	DELETE	13.	71.5		ADDITIONS/CHANGES TO OFFICERS A	Change		
TITLE				1.1 TITLE						
NAME	PLATER, ALLEN W			1.2 N					1	
STREET ADDRESS	1406 OLD DIXIE HWY., S.W.					ADDRESS			Ì	
CITY-ST-ZIP	VERO BCH FL 32962		☐ DELETE		TY-S	T- ZIP		☐ Change	Addition	
TITLE			DEFE	2.1 TI				Change		
NAME	_			2.2 N						
STREET ADDRESS	·		-	2.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S	T-ZIP	<u> </u>	Change	e Addition	
TITLE	:		☐ DELETE	3.1 TI					2 2 70011011	
NAME				3.2 N						
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	-	\		_	ITY-S	T-ZIP			e	
TITLE			☐ DELETE	4.1 TI		- 1		☐ Chang		
NAME				4.21				٠.		
STREET ADDRESS		÷		4.3 S	TREET	TADDRESS				
CITY-ST-ZIP				_	ΠY-S	T-ZIP		C C	Addition !	
TITLE			☐ DELETE	5.1 TI				Chang	e Addition	
NAME				5.2 N					[
STREET ADDRESS						ADDRESS			ļ	
CITY-ST-ZIP					TY-S	T-ZIP				
TITLE			☐ DELETE	6.1 TI				☐ Change	e 🔲 Addition	
NAME				6.2 N					•	
STREET ADDRESS	i e			635	TREET	TADORESS				

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-\$T-ZIP

STREET ADDRESS

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90228 020 ***150.00