PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # POROCOA7102

1. Corporatio	on Name	JUT/ 102							
AUTOTR									
, AOIOIII	IIA, 1110·						A(8)) (401) (10)	\$ 000 TO 10 EE COTT	
							DIOLES SOLDS HISH		
Principal Plac	e of Business	Mailing Address					4		
6801 NW 6TH	COURT	6801 NW 6TH COURT							
MARGATE FL 3	33063	MARGATE FL 33063				DO NOT WRITE IN THIS	CDACE		
ì							3FACE		
ļ						3. Date Incorporated or Qualifed		j	
						05/27/1998			ı
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number 65 - 08 4 1270	<u> </u>	optied For	,
21		26				95 007.2.0		ot Applicable Additional	ı
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		equired	ı
22		27				_ _		``	1
City & Stat	<u>le</u>	City & State				- 6:-Election Compaign Financing		May Be — to Fees	ı
23				-4		Trust Fund Contribution		to rees	
Zip	Country	Zip	_	ıntry		8. This corporation owes the current year Ir	tangible Yes	□No I	
24	25		30	_		Personal Property Tax.			
	9, Name and Address of Curre	nt Registered Agent		81	N	10. Name and Address of New Registered	Agent		ļ
LIAN	DE DEMIAMIN M CCA			187	Name				
HAIRE, BENJAMIN H ESQ				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	O W COPANS ROAD SUITE 900			Ш					
MAH	IGATE FL 33063			83	ĺ			į	ı
ļ				84	City		85 Zip	Code	
ì				[]	,	Fl	_ `	ì	1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	bove	-named cor	poration submits this statement for the purpose of bon's board of directors. I hereby accept the appo	changing It	registered	i
office or r	registered agent, or both, in the State im familiar with and accept the oblig	e'of Florida. Such change was e ations of Section 607.0505:Flo	iuthorized vrida Stat	d by t	the corporal	bon's board of directors. I hereby accept the appo	intrient es n	grstered	3.
ł	101106	N Blactn	Ci	لَــــ	<u>)</u>		, 18 I	7757	حرد ا
SIGNATURE	Signature, typed or printed name of registered ag-	enf and title if applicable. (NOTE	Registered	Ageni	d prigrature requi	red when reinstating) DATE			á
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A			(11/98)
TITLE	DELETE		1.1 T P	1.1 THILE			Change	Addition	
NAME	BLACKMAN, KURT 12		12 N	AME					্ব
STREET ADDRESS	AND A STATE OFFICE OF THE STATE		1.3 STREET ADDRESS		ADORESS				R2F034
CITY-ST-ZIP	MARGATE FL 33083		1.4 Cr	1.4 CITY-ST-ZIP)	2
TITLE	D	☐ DELETE	21 TITLE				Change	☐ Addition	ن.
NAME			22 N	2.2 NAME				1	
STREET ADDRESS	200 200 200 200 200		2 3 STREET ADDRESS		ADDRESS				
	MARGATE FL 33063								ı
TITLE	DELETE			2.4 CITY-8T-ZIP 3.1 TITLE			Change	Addition	ı
NAME				AME -					l
		<u> </u>			ADDRESS	· ·			i
STREET ADDRESS									
CITY-ST-ZIP			24.5						1
		□ nei eire	3.4 C	_	···		☐ Change	Addition	ļ
TITLE		☐ DELETE	4.1 7/	TLE			☐ Change	Addition	
TITLE NAME		☐ DELETE	4.1 T/ 4.2 N	TLE IAME			Change	∐ Addition	
TITLE		☐ DELETE	4.1 7/ 4.2 N 4.3 \$1	TLE IAME TREET	ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 T/ 4.2 N 4.3 ST 44 C/	ITLE IAME TREET ITY-ST	ADDRESS			· .	
NAME STREET ADDRESS		☐ DELETE	4.1 T/ 4.2 N 4.3 ST 4.4 CF 5.1 T/	TLE INEET ITY-ST	ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 77 4.2 N 4.3 ST 4.4 CI 5.1 TI - 5.2 N	ITLE IAME TREET ITY-ST TLE AME	ADDRESS			· .	
NAME STREET ADDRESS CITY-ST-ZIP			4.1 T/ 4.2 N 4.3 ST 44 C/ 5.1 T/ 5.2 N/ 5.3 ST	TLE TREET TY-ST TLE AME	ADDRESS 1-ZIP			· .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.1 T/ 4.2 N/ 4.3 ST 44 C/ 5.1 T/ 5.2 N/ 5.3 ST 5.4 C/	TLE TREET TLE AME TREET	ADDRESS 1-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 T/ 4.2 N/ 4.3 ST 4.4 C/ 5.1 T/ 5.2 N/ 5.3 ST 5.4 C/ 6.1 T/	TLE TREET TLE AME TREET TTLE TREET TTLE TREET TTLE	ADDRESS 1-ZIP			· .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 T/ 4.2 N 4.3 S1 4.4 CI 5.1 T/ 5.2 N/ 5.3 S1 5.4 CI 6.1 T/ 6.2 N/	TLE TREET TTLE AME TREET TTY-ST TTLE AME	ADDRESS 1-ZIP		☐ Change	Addition	

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 of an attachment with an address, with all other like empowered.

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90002 027 ***150.00