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 # P98000051492

1. Corporation Name

A1-TUNE & LUBE, INC.

Principal Place of Business

Mailing Address

7643 DILIDO BLVD

7643 DILIDO BLVD

May 04, 1999 8:00 am Secretary of State

05-04-1999 90057 034 ***158.75



MIRAMAR FL 33023	MIRAMAR FL 33023			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 06/08/1998		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied	For
And Tune slube	25 6000 S.W 35	5 SI	⊢ .	65-0844968	Not App	licable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 Addition Fee Requires	
City & State 23 M. Yamar, FI	City & State	71		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May I Added to Fee	
Zip Country 24 33023 25 USP	Zip Cou	intry 15	9	This corporation owes the current year In Personal Property Tax.	tangible □Yes ⊡ No	<u></u>
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
BRYANT, DONALD		81	Name			
7643 DILIDO BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)				
MIRAMAR FL 33023		83				

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.

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City

SIGNATURE (NOTF: Registered Agent signature regulred when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE TITLE BRYANT, DONALD 1.2 NAME NAME 7643 DILIDO BLVD. 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 33023 .4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY+ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE. 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS 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 solutions and 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 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 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, 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. I further certify that I am an officer or director of the corporation or the receiver or trustee.

SIGNATURE

500) -

CR2E034 (11/98)

Zip Code

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