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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000053359

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90125 018 ***150.00

Turnpik 	(E AUTO,	INC.										
Principal Place	of Business		Mailing	Address						ii 00 511 8510 1 0	HAR INGE INGE O	
35 N.E. 29TH S			_	29TH STREET								
WILTON MANORS FL 33334-1023 WILTON MANORS FL 33334-1023												
									DO NOT WRIT	E IN THIS	SPACE .	
								3. Date Incorporate	ed or Qualifed			
		<u></u>			_			06/12/1998	<u> </u>	·		Sad Far
2. Principal Pl	ace of Busine	ess	2a. Ma	2a. Mailing Address				4. FEI Number	11791	a '	<u> </u>	lied For
21			26	Suite. Apt. #, etc.				65-08	7 / 1 /	<u>~</u>	\$8.75 A	Applicable
Suite, Apt.	#, etc.		} <u>-</u> -	te, Apt. #, etc.				5. Certificate of Sta	tus Desired		Fee Rec	
22		·	27	Stata								
City & State				City & State			6. Election Campa Trust Fund Conf			\$5.00 N Added to	• 1	
23 7:n		Country	28 Zip		Co	ountry		8. This corporation		ent voor Into		
Zip	Ε		29	•	30	, , , , , , , , , , , , , , , , , , ,		Personal Proper		ent year mic		∏No
24		25 and Address of C		d Agent	30	Т		10. Name and Add		egistered /	7	
	9, Name	and Address of O	dirent registere	u Agoin		81	Name				<u> </u>	
COP	PLE, ROBEI	RT							*- \$1-4 \$	E1-1		<u>-</u>
	I.E. 29TH S					82	Street Add	iress (P.O. Box Number	ss (P.O. Box Number is Not Acceptable)			
WILT	ON MANOF	RS FL 33334-102	23			83						
						Ш			<u> </u>	•		
						84	City			FI	85 Zip C	ode
11. Pursuant	to the provisi	ons of Sections 60	7.0502 and 607.1	508. Florida Statu	tes, the	above	e-named con	poration submits this sta	tement for the	purpose of	 changing its :	egistered
office or re	edistered age	ent, or both, in the S h, and accept the o	State of Florida. S	Such change was a	authonze	ed by	the corporat	ion's board of directors.	I hereby accep	t the appoir	itment as reg	istered
SIGNATURE												
	Signature, typed	or printed name of register		· · · · · · · · · · · · · · · · · · ·	E: Registeri		t signature requir	red when reinstating)	NOTE TO OF	DATE	D DIDECTOI	
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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 changes, or on an alachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP