

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000054407**

1. Corporation Name

MAJOR MUSCLE AUTO SALES, INC.

FILED

99 SEP 29 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**99 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

Mailing Address

**99 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

65-0844204

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

1216 S Dixie Hwy E
Suite, Apt #, etc.

2a. Mailing Address

1216 S Dixie Hwy E
Suite, Apt #, etc.

City & State

Pompano Be FL

City & State

Pompano Be FL

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **OSTUNI, MICHAEL**
STREET ADDRESS **99 SOUTH FEDERAL HIGHWAY**
CITY-STATE-ZIP **POMPANO BEACH FL 33062**

☐ DELETE

TITLE **CEO**
NAME **MORELLO, ANTHONY R**
STREET ADDRESS **99 SOUTH FEDERAL HIGHWAY**
CITY-STATE-ZIP **POMPANO BEACH FL 33062**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

PD
OSTUNI, Michael
1216 S Dixie Hwy E
Pompano Be FL 33060

☐ Change ☐ Addition

CEO
Morello, Anthony R.
1216 S Dixie Hwy E
Pompano Be FL 33060

☐ Change ☐ Addition

000003006290-5
-10/05/99-01098-018
******550.00 ****550.00**

☐ Change ☐ Addition

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-10/05/99-01098-018
******550.00 ****550.00**

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☐ Change ☐ Addition

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-10/05/99-01098-018
******550.00 ****550.00**

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, and that I am duly 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 an officer or director with an address.

SIGNATURE:

Michael Ostuni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-27-99 **954-782-4151**
Daytime Phone #

CR2E034 (5/99)