

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90134 007 ***150.00

DOCUMENT # P98000063622

1. Corporation Name
DEALER QUALITY SERVICE, INC.

Principal Place of Business
291 NW 1 STREET
DEERFIELD BEACH FL 33441

Mailing Address
291 NW 1 STREET
DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

4. FEI Number

65-0851907

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1235 19TH Ave N.

22 City & State

27 City & State

23 Zip Country

28 Lake WORTH FL.
29 33460-6570 30 Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETROZELLI, THOMAS
291 NW 1 STREET
DEERFIELD BEACH FL 33441

81 Name

82 Street

83

84 City

Thomas Petrozelli
1235 19th Ave N
Lake Worth, FL 33460-6570

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PETROZELLI, THOMAS
STREET ADDRESS 291 NW 1 STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE D ☐ DELETE
NAME RUEHI, THOMAS
STREET ADDRESS 291 NW 1 STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Thomas Petrozelli ☒ Change ☐ Addition
1.2 NAME 1235 19th Ave N
1.3 STREET ADDRESS Lake Worth, FL 33460-6570
1.4 CITY-ST-ZIP

2.1 TITLE D Thomas Ruehl ☒ Change ☐ Addition
2.2 NAME 2932 NE 12 TERR
2.3 STREET ADDRESS Pompano Beach FL 33064
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 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 Block 12 or Block 13 if changed, or on an attachment with all other like empowered.

SIGNATURE: Thomas Petrozelli REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99 954-205-4225
Date Daytime Phone #

CR2E034 (11/98)

0345807