

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000066194

Country

9. Name and Address of Current Registered Agent

25

RAMON, CARLOS

KARL MART AUTO CENTER, INC.

Principal Place of Susiness 777 WEST MOWRY DRIVE HOMESTEAD FL 33030

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

21

23

24

Zip

STREET ADDRESS

CITY-ST-ZIP

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28 Zip

29

777 WEST MOWRY DRIVE HOMESTEAD FL 33030

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90089 039 ***150.00

\$8.75 Additional

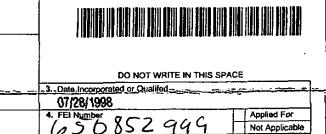
Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes



6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable) 82 777 WEST MOWRY DRIVE HOMESTEAD FL 33030 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. CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 THE RAMON, CARLOS 12 NAME NAME 777 WEST MOWRY DRIVE 1.3 STREET ADDRESS STREET ADDRES **HOMESTEAD FL 33030** 1.4 CITY-ST-ZIP CITY-ST-ZP Change ☐ Addition DETELE 21 TITLE TITLE RAMON, ESTHER A 2.2 NAME NAME 11781 S.W. 187TH TERRACE 2.3 STREET ADDRESS STREET ADDRES MIAMI FL 33177 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 34.01Y-ST-ZP CITY-ST-ZP ☐ 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 Change Addition ☐ DELETE &1 TITLE TITLE 62 NAME NAME **B3 STREET ADDRESS**

Country

81 Name

30

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 pry name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

64 CITY-ST-ZIP

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