FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000066732 1. Corporation Name

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

04-26-1999 90196 001 ***150.00

| | CANNON HUBCAPS & W | LECTO MO | | | | | | | | | |
|--|---|--|--|--|---|---|-----------|--------------|----------------------|-----------------------|--|
| | | | | | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | *** | | 2 , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 8000 NW 25TH CT. 18000 NW 25TH CT. HAMI FL 33056 MIAMI FL 33056 | | | | | | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | 3. Date Incorporated or C | Qualifed | | | | |
| | | | | | | 07/27/1998 | | | | | |
| Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Nur iber | | | | Appli 3 | d For |
|] | | 26 | | | | 65-08614 | 174 | | 1_1 | : | plicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc | ;. | | | 5. Certifcate of Status De | sired | | | 5 Adc'i | |
| <u> </u> | | 27 | | | | | | | | Requir | |
| City & Stat | te | City & State | | | | 6. Election Campaign Fin | | | | 30 Mag | - |
| | | 28 Zip | | ountry | | Trust Fund Contribution | | ant vone In | | ed to F | 662 |
| Zip 1 | Country 25 | Zip | [30] | ouru y | | This corporation owes Personal Property Tax | | eni yezai m | Yes | | No |
| | 9. Name and Address of Curi | | 1.01 | | | 10. Name and Address of | | egistered | | | |
| | 5. Mainte Mila Madre 75 51 551 | TOTAL TESTINATION OF THE | | 81 | Name | | | | | | |
| WIB | LE, ROY S | | | 100 | 0 | | | . Lila | | | |
| | 19 NW 27TH AVE. | | | 82 | Street At | ldress (P.O. Box Number is Not Acceptable) | | | | | |
| OPA | LOCKA FL 33054 | | | 83 | | | | | | | , |
| | | | | 104 | | | | | 85 | ip Cod | |
| | | | | 84 | City | | | FL | _ ' | .ip 000 | • |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida 5 | Statutes, the | above | -named co | orpo ation submits this statemen | t for the | purpose of | fichanging | its reg | is tered |
| office or r | registered agent, or both, in the Sta ani familiar with, and accept the obli | ite of Florida. Such change v | was autroriz | zea by | | anor s board of directors, ribere | by accep | it tile appo | mannetic a | s region | 5100 |
| acent La | | idations of, Section 607.0503 | 5, Florida St | tatutes. | ите согрот | | | | | | |
| • | | igations of, Section 607.0508 | 5, Florida St | tatutes. | ale corpor | | | | | | |
| • | | | (NOTE: Re jiste | red Agen | | uired vihen reinstalling) | | DATE | | | |
| SIGNATURE | Signature, typed or printed name of registered OFF ICERS | agent and title if applicable. AND DIRECTORS | (NOTE: Re liste | red Agen | | | | DATE | ND DIREC | TORS | Jrl 12 |
| SIGNATURE | §ignature, typed or printed name of registered of PFF ICERS | agent and tille if applicable. | (NOTE. Re liste | red Agen 3. | | uired vihen reinstalling) | | DATE | | TORS | Jrl 12 |
| SIGNATURE 12. IILE | Signature, typed or printed name of registered of PFF ICERS D CANNON, JACKIE | agent and title if applicable. AND DIRECTORS | (NOTE. Re jiste 1.1 1.2 | red Agen 3. 1 TITLE | t signature req | uired vihen reinstalling) | | DATE | ND DIREC | TORS | Jrl 12 |
| SIGNATURE 2. ILE | Signature, typed or printed name of registered of PFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. | agent and title if applicable. AND DIRECTORS | (NOTE: Re liste 1: TE 1.1 1.2 | red Agen 3. 1 TITLE 2 NAME 3 STREET | t signature req | uired vihen reinstalling) | | DATE | ND DIREC | TORS | Iri 12 |
| SIGNATURE 12. ITLE | Signature, typed or printed name of registered of PFF ICERS D CANNON, JACKIE | agent and 1 tie if applicable. AND DIRRECTORS DELE | (NOTE Re liste 1.1 7E 1.2 1.3 | red Agen 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST | t signature req | uired vihen reinstalling) | | DATE | ND DIREC | CTORS | IN 12 Addition |
| SIGNATURE 2. ILE | Signature, typed or printed name of registered of PFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. | agent and title if applicable. AND DIRECTORS | (NOTE Re liste 1.1 TE 1.1 1.2 1.3 1.4 TE 2.1 | ered Agen 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST | t signature req | uired vihen reinstalling) | | DATE | ND DIREC | CTORS | IFI 12 Addition |
| SIGNATURE 2. IILE | Signature, typed or printed name of registered. OFFICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and 1 tie if applicable. AND DIRRECTORS DELE | (NOTE Re liste 1: YE 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 | arutes. 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME | t signature req | uired vihen reinstalling) | | DATE | ND DIREC | CTORS | IFI 12 Addition |
| SIGNATURE 2. ILE ST-ZIP TADDRESS | Signature, typed or printed name of registered. OFFICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and 1 tie if applicable. AND DIRRECTORS DELE | (NOTE Re liste 1.1 TE 1.1 1.2 1.4 TE 2.2 2.3 | red Agen 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 3 STREET | ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS | IFI 12 Addition |
| SIGNATURE 2. IILE | Signature, typed or printed name of registered. OFFICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and 1 tie if applicable. AND DIRRECTORS DELE | (NOTE Re liste (NOTE Re liste 1.1 1.2 1.3 1.4 TE 2.1 2.2 2.3 | arutes. 3. 1 TITLE 2 NAME 3 STREET 4 CITY-ST 1 TITLE 2 NAME | ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge { | IF 12 Addition |
| SIGNATURE 2. ILE ST-ZIP TADDRESS | Signature, typed or printed name of registered. OFFICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE Re liste 1.1 TE 1.1 TE 2.1 TE 2.3 TE 2.5 TE 1.1 | red Agen 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 3 STREET 4 CITY-S | ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge { | IF 12 Addition |
| SIGNATURE 2. IILE ST. ZIP 1 ADDRESS ST. ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE: Re liste (NOTE: Re liste 1.1 12 1.3 1.4 TE 2.3 2.3 2.1 TE 1.1 | ATTITLE A CITY-ST TITLE NAME STREET CITY-ST TITLE A CITY-ST TITLE CITY-ST TITLE A CITY-ST TITLE A CITY-ST | ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge { | IF 12 Addition |
| SIGNATURE 2. IILE FEL! ADDRESS ST. ZIP I ADDRESS ST. ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1.7E 1.1 1.2 1.3 1.4 TE 2.1 2.2 2.3 1.5 TE 1.1 1.5 1.6 1.6 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 | ATTITLE A CITY-ST TITLE NAME STREET CITY-ST TITLE A CITY-ST TITLE CITY-ST TITLE A CITY-ST TITLE A CITY-ST | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge { | IF 12 Addition |
| SIGNATURE 2. IILE ST. ZIP 1 ADDRESS ST. ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE Re liste (NOTE Re liste 1.1 TE 1.3 1.4 TE 2.3 2.5 7.5 TE 1.5 3.6 3.6 3.7 3.7 3.7 3.7 3.7 3.7 | Agen 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 4 CITY-S 1 TITLE 2 NAME 3 STREET 3 STREET | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge [| IF 12 Addition |
| SIGNATURE 12. IILE FEE! ADDRESS ST. ZIP I ADDRESS ST. ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE. Re jiste (NOTE. Re jiste 1. TE 1.1 1.2 1.3 1.4 TE 2.2 2.3 2.1 TE 1.1 1.2 1.3 1.4 TE 4.1 TE 4.1 | ATTITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME TITLE NAME TITLE NAME TITLE NAME NAME TITLE NAME NAME NAME NAME | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge [| IN 12 |
| SIGNATURE 2. IILE FEL! ADDRESS ST. ZIP I ADDRESS ST. ZIP | Eignature, typed or printed name of registered in OFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1: 12 13 14 15 17 17 17 17 17 17 17 17 17 | red Agen 3. 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 5 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME | ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS | uired vihen reinstalling) | | DATE | ND DIREC | CTORS ge [| IFI 12 Addition |
| SIGNATURE 2. IILE | Eignature, typed or printed name of registered in OFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1. 12 1.3 1.4 1.7 1.2 2.3 2. 2. 3.3 3.4 1.4 4.4 4.4 | red Agen 3. 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 5 STREET 4 CITY-S 1 TITLE 2 NAME 2 NAME 2 NAME 2 NAME 3 STREET 4 CITY-S 1 TITLE 2 NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | uired vihen reinstalling) | | DATE | ND DIREC | ctors ge { ge [| IFI 12 Addition Addition Addition |
| SIGNATURE 2. TILE ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP | Eignature, typed or printed name of registered in OFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DIRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1: TE 1.1 1.2 1.3 1.4 1.5 1.7 1.6 1.7 1.7 1.7 1.7 1.7 1.7 | TITLE NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | uired vihen reinstalling) | | DATE | ND DIREC | ctors ge { ge [| IFI 12 Addition Addition Addition |
| SIGNATURE 2. IILE | Eignature, typed or printed name of registered in OFF ICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1. 12 1.3 1.4 1.7 2.2 2.3 2. 2. 3.3 3.4 4.4 4.4 | red Agen 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 4 CITY-S 1 TITLE 1 NAME 3 STREET 1 TITLE 1 NAME 1 NAME 1 NAME 1 NAME 1 NAME | ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP ADDRESS 7-ZIP | uired vihen reinstalling) | | DATE | ND DIREC | ctors ge { ge [| IFI 12 Addition Addition Addition Addition |
| SIGNATURE 2. IILE | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DRECTORS DELE | (NOTE. Re liste (NOTE. Re liste 1. 12 1.3 1.4 1.7 2.2 2.3 2. 2. 3.3 3.4 4.4 4.4 | red Agen 3. 1 TITLE 2 NAME 3 STREET 1 TITLE 4 CITY-S 1 TITLE 1 NAME 3 STREET 1 TITLE 1 NAME 1 NAME 1 NAME 1 NAME 1 NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | uired v hen reinstalling) | | DATE | ND DIREC | ctors ge { ge [| IFI 12 Addition Addition Addition Addition |
| SIGNATURE 2. TILE ST-ZIP 1 ADDRESS ST-ZIP 1 ADDRESS ST-ZIP T ADDRESS ST-ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DRRECTORS DELE DELE DELE DELE | (NOTE Re liste (NOTE Re liste 1.1 12 1.3 1.4 TE 2.2 2.3 2.1 TE 4.1 4.4 4.4 4.5 5.5 5.5 5.5 | TITLE NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | uired v hen reinstalling) | | DATE | ND DIRECTOR () Char | ctors ge [| If I 12 Addition Addition Addition Addition Addition |
| SIGNATURE 12. IIILE | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DRECTORS DELE | (NOTE. Re Iste (NOTE. Re Iste 1.1 1.2 1.3 1.4 TE | TITLE NAME | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS | uired v hen reinstalling) | | DATE | ND DIREC | ctors ge [| IFI 12 Addition |
| SIGNATURE 2. TILE TEL ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP | Eignature, typed or printed name of registered of FICERS D CANNON, JACKIE 18000 NW 25TH CT. 1/1AMI FL 33056 | agent and tile if applicable. AND DRRECTORS DELE DELE DELE DELE | (NOTE. Re liste (NOTE. Re liste 1.1 12 1.3 1.4 1E 2.2 2.3 2.1 1E 3.4 1.5 1.6 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1.7 | Agenda Ag | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | uired v hen reinstalling) | | DATE | ND DIRECTOR () Char | ctors ge [| If I 12 Addition Addition Addition Addition Addition |
| SIGNATURE 2. TILE TEL ADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP TADDRESS ST-ZIP | Signature, typed or printed name of registered. OFFICERS D CANNON, JACKIE 18000 NW 25TH CT. JAIAMI FL 33056 | agent and tile if applicable. AND DRRECTORS DELE DELE DELE DELE | TE 1.1 TE 1.1 TE 1.2 1.3 1.4 TE 2.2 2.3 2.1 TE 4.1 TE 4.1 TE 5.5 5.6 TE 6.1 | Agenda Ag | ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP | uired v hen reinstalling) | | DATE | ND DIRECTOR () Char | ctors ge [| If I 12 Addition Addition Addition Addition |

Indicated on this annual report or supplemental annual report is true and courage and that my signature shall have the same legal effect as if made under out; that I am an officer or directure of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Forida Statutes; and that my name appears in Block 12 or Block 13 if changed, per on an attachment with an address, with all other like empowered.