## 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

## DOCUMENT # P98000068980

SPITZE	R AUTOMOTIVE, INC.							
Principal Pla	ace of Business	Mailing Address						
4168 WESTROADS DRIVE RIVIERA BEACH FL 33407			4168 WESTROADS DRIVE RIVIERA BEACH FL 33407			DO NOT WRITE I		
						3. Date incorporated or Qualifed 08/01/1998		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired				
City & St	ate	City & State				6. Election Campaign Financing  Trust Fund Contribution		
Zip	Country 25	Zip 29	30	ountry		This corporation owes the current Personal Property Tax.		
	9. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Regi		
SI	ATER, ROBERT W			81	Name	-		
214	4 BRAZILIAN AVENUE SUITE 2	221				ess (P.O. Box Number is Not Acceptable)		
PA	LM BEACH FL 33480							
				84	City			
office of agent. I	r registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was	authori:	zed by	the corpora	orporation submits this statement for the puration's board of directors. I hereby accept the		
SIGNATURI	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registe	red Agen	signature requ	uired when reinstating)		
12.		AND DIRECTORS	<del>-</del>	3.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.	1 TITLE				
NAME	SPITZER, BRUCE		1.	2 NAME				

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90274 034 \*\*\*150.00

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						<u> </u>		†   E
Principal Plac	e of Business	Mailing Addres	ss					
4168 WESTRO	ADS DRIVE	4168 WESTROA	DS DRIVE					
RIVIERA BEACI	I FL 33407			DO NOT WOITE IN T	UC CDACE			
						DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
						08/01/1998		
2. Principal P	Place of Business	2a. Mailing Ad	dress			4. FEI Number		pplied For
21		26				<u> </u>	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired		Additional
22		27				3. Certificate of Status Desired	Fee R	equired
City & Stat	te	City & Stat	e			6. Election Campaign Financing	\$5.00	May Be
23	ويرين معجم فيستست مشدث	28				Trust Fund Contribution	Added	to Eees
Zip	Country	Zip	C	ountry	,	8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cui					10. Name and Address of New Registers	ed Agent	
<del></del>		<u> </u>		81	Name			
SLA	TER, ROBERT W			$\vdash$				
214 BRAZILIAN AVENUE SUITE 221				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		ļ
	M BEACH FL 33480	<del>= =</del>		83				<del></del> -
				03				ļ
				84	City		. 85 Zip	Code
					·			
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Fk	orida Statutes, the	abov	e-named corp	oration submits this statement for the purpose	of changing its	s registered
office or I	registered agent, or both, in the St am familiar with, and accept the ob	rate of Florida, Such cha bligations of Section 60	ange was authoria 7.0505. Florida S	eo by atutes	tne corporation	on's board of directors. I hereby accept the ap	John Chen as in	gistered
-	and a company of the		,					J
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NÖTE: Registe	red Age	nt signature require	d when reinstating) DATE		
12.		AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D		DELETE 1.	TITLE			☐ Change	☐ Addition
NAME	SPITZER, BRUCE		1:	NAME				
	AAAA MEATRAADA DOUE				TADDRESS			
STREET ADDRESS							•	[
CITY-ST-ZIP	RIVIERA BEACH FL 33407			CITY-S	II-ZIP		☐ Change	Addition
TITLE		L		TITLE				C Accilion
NAME			2.3	NAME				
STREET ADDRESS	s		2.5	STREE	TADDRESS			
CITY-ST-ZIP			2.	4 CITY-S	ST-ZIP			
TITLE			DELETE 3.	TITLE	1	,	☐ Change	Addition
NAME			3.:	NAME		-		
					T ADDRESS			·
STREET ADDRESS					`   `		>	
CITY-ST-ZIP				CITY-	51-ZIP		Change	Addition
TITLE	•	U		ITME				
NAME	}		4.	2 NAME		,		
STREET ADDRESS	· ·		4.	STREE	TADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE			DELETE 5.	TITLE		•	Change	Addition
NAME	1		5.3	NAME				ļ
STREET ADDRESS	.[		5.3	STREE	T ADDRESS			i
			54	CITY-S	T-ZIP			ł
CITY-ST-ZIP	1		_ v.					I
	·		DELETE 6	TITLE		+		Addition
TITLE				I TITLE			Change	Addition

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 an address, with all other like empowered.

6.4 CITY-ST-ZIF

6.3 STREET ADDRESS

SIGNATURE: BLUCESWS

STREET ADDRESS