## 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

08-05-1999 90005 020 \*\*\*150.00

Aug 05, 1999 8:00 am Secretary of State

## DOCUMENT # P98000076639

1. Corporation Name

FRESH START AUTOMOTIVE CONSULTANTS, INC.

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Principal Plac	ce of Business	Mailing Address				* *************************************					
4106 LINDA LN		4160 LINUA LNE									
WEST PALM BEACH Ft. 33406 WEST PALM BEACH Ft. 93406						DO NOT WRITE IN THIS SPACE					
5079-0 Society Place west / SAM					ŀ	3 Date Incor	porated or Qualifed		ilo or roc		
West		334/5 2a. Mailing Address	+/// {	ン -	-	09/04/19	998	-			
	Place of Business			01		4. FEI Numb		,	<del> </del>	plied For	
21 5079-	-0 Society PLACE	NEG 5079-050ci	+4	PLACE	w	t 650	186178			t Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27 AP+ 0					5. Certificate of Status Desired   \$8.75 Add Fee Requi					
City & State  City & State  City & State  City & State  23 WEST PAIN BCN F1  28 WEST PAIN BC				Fl			ampaign Financing Contribution		\$5.00 Added to		
Zip	Country	Zip	Count	ry		8. This corpo	ration owes the cu	rrent year	Intangible		
2433415 25 2933415 30						Personal F	roperty Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered Agent				10. Name and	Address of New	Register	ed Agent		
4			8	1 Name							
AMERILAWYER 343 ALMERIA AVENUE				2 Street	Addres	ddress (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134			8	3						•••	
			L	4 City							
								F			
_11Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abo	ve-named	corpor	ation submits th	is statement for th	e purpose	of changing its	registered	
office or i	registered agent, or both, in the State	of Florida. Such change was auth	ionzea a	y the corp	oration	s board of direc	torsI.nereby.acci	ept the ap	bointmeur ag iel	gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Ag	ent signature	required w	vhen reinstating)		DATE			
12.		D DIRECTORS	13.			ADDITIONS	CHANGES TO O	FFICERS	AND DIRECTO	RS IN 12	
TITLE	PSTD □ DELETE 1.11		1.1 TITLE		SAME				Change	☐ Addition	
NAME	RYAN, BROOKS		1.2 NAME		J~		society n Beh	ai			
STREET ADDRESS	AAOO LINDA LNE		1.3 STRE	ET ADDRESS	5°C	79-10	SOCIETY	PI	$w_{\star}$		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 C/TY-		1N	est Pal	n Beh	F(.	3 <i>3415</i>	•	
TITLE		☐ DELETE	2.1 TITLE		<u> </u>				☐ Change	Addition	
NAME			2.2 NAME	≣							
STREET ADDRESS	S			ET ADDRESS							
CITY-ST-ZIP	1	J	2. 4 CITY								
TITLE			3.1 TITLE						Change	☐ Addition	
NAME	•		3.2 NAMI								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP	1 ·	•	3.4. CITY								
TITLE			4.1 TTLE	_			·		☐ Change	Addition	
NAME		☐ DELETE			1						
STREET ADDRESS	1	L_I DELETE.	4, 2 NAM	E	1						
		. □ DELETE									
CITY-ST-ZIP	5	☐ DELETE	4.3 STRE	ET ADORESS							
TITLE	3	☐ DELETE	4.3 STRE	ET ADORESS ST-ZIP					☐ Change	Addition	
TITLE	3		4.3 STRE	ET ADDRESS ST-ZIP					Change		
NAME			4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADORESS -ST-ZIP E			<u>.</u>		Change		
NAME STREET ADDRESS			4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STRE	ET ADORESS ST-ZIP E E ET ADDRESS					☐ Change		
NAME			4.3 STRE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS  ST-ZIP  E  E  ET ADDRESS  -ST-ZIP					☐ Change		

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

P98000076639 60/397-90005-20