## **PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081576

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90012 010 \*\*\*150.00

COCOA FRONT WHEEL DRIVE AXLE	REBUILDERS, INC.			
Principal Place of Business	Mailing Address		21401120 100 100 100 100 100 100 100 100 10	
2845 HWY 520 #108	2945 HWY \$20 #108		}	
COCOA FL 32926 COCOA FL 32926		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualified 09/17/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3534330	Not Applicable
Suite, Apt. #, etc.	Suite, Apt: #, etc	* · · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	- \$8.75 Additional
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		Camata	Trust Fund Contribution	Added to Fees
Zip Country	Zip 30	Country	This corporation owes the current year in Personal Property Tax.	rangiple □Yes □No
25 9. Name and Address of Current	_ <del></del>	<u>'</u>	10. Name and Address of New Registered	
D. TORTHO WINE PROGRAMO OF CONTON		81 Name		
TAYLOR, PATRICIA I		B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
73 SW FLAGLER AVE		02 3080 A001	and to the hour tantings in the constitution)	
STUART FL 34994		83	· · ·	
		84 City	FL	85 Zip Code
l		1 1		f changing its registered
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	oration submits this statement for the purpose of	interpring to regarding
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	and 607.1508, Florida Statutes, of Florida, Such change was auth lons of Section 607.0508, Florida	the above-named corporation orized by the corporation Statutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	intment as registered
Pursuant to the provisions of Sections 607.0502     office or registered egent, or both, in the State of agent, I am familiar with, and accept the obligation of the obli	and 607.1508, Florida Statutes, of Florida. Such change was auth lons of, Section 607.0505, Florida	the above-named corporation orized by the corporation of statutes.		
SIGNATURE Signatura, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstatings DATE	
SIGNATURE Signature, typed or printed sums of registered accent 12. OFFICERS ANI	and tide if applicable. (NOTE: Re	gistered Agent signature required		
SIGNATURE Signature, typed or printed name of registered appet  12. OFFICERS ANI  TITLE C.E.O. (OWNER.)	and title if applicable. (NOTE: Re	glatered Agent signature required 13. 1.1 TITLE	d when reinstatings DATE	
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SIGNATURE Signature, typed or privide name of registered appert  12. OFFICERS ANS  TITLE C.E.O. (OWNER)  NAME MITTON 3. HEWITT IR-  STREET ADDRESS   2545 Hwy 520 #108	and tide if applicatio. (NOTE: Re	distance Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstatings DATE	
SIGNATURE Signature. Novel or printed having of registated agent  12. OFFICERS ANI  TITLE C.E.O. (OWNER)  NAME MITTON 3. HEWITT IP  STREET ADDRESS 2845 HWY 520 #105  CITY-ST-ZP COCOA, FI. 32926	and tide if applicatio. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	d when reinstatings DATE	ND DIRECTORS IN 12
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I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Intriner certify that the information in the receiver of 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.