**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State ION OF CORPORATIONS

## FILED May 07, 1999 8:00 am Secretary of State 05-07-1999 90095 043 \*\*\*158.75

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|---|--|--|--|---|---|--|--|----------------------|---|-----------------------------|------------------------|--|------------------------------|--|
| 1. Corporation  | TOMOTIVE SPEC  | AN TIES CO   | ADD  |   |   |  |  | l                    |   |                             |                        |  |                              |  |
| AGO AU  | IOMOTIVE SPEC  | HALTIES OU   | /DF·   |   |   |  |  | ļ                    | \$ 188(188) 118 1 <b>8</b> 1                                  | L 1844 6844 A               | 2114 <b>22114 22</b> 1 |  | 13 ( <b>3</b> 1) <b>6</b> 11 | 201 HH (111  |
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| Principal Plac  |  |  | =  |   |   |  |  | 1                    |   |                             |                        |  |                              |  |
| 1298 MARKET PORT CHARLO   |  |  |  | iet cir. 2/J<br>Rlotte fl 339:                    | 63  |  |  | - 1                  |   |                             |                        |  |                              |  |
| FORT CHARLO   | 716 16 30303   |  | 7011. 0  |   | ~   |  |  | Į                    |   | O NOT WR                    |                        | IIS SPACE  | Ξ                            |  |
|   |  |  |  |   |   |  |  |                      | 3. Date incorporated  | or Qualifed                 | l                      |  |                              |  |
|   |  |  |  |   |   |  |  | 1                    | 09/28/1998  |                             |                        |  |                              |  |
| 2. Principal P  | Place of Business  |  | 2a. Mailing  | Address   |   |  |  |                      | 4. FEI Number 59 - 353  | 4000                        |                        | -  | <del></del>                  | lled For   |
| 21  |  |  | 26   |   |   |  |  |                      | 99-303  | 1000                        |                        |  |                              | Applicable   |
| Suite, Apt.   | #, etc.  |  | Suite, A   | Apt. #, etc.                                      |   |  |  |                      | 5. Certificate of Status                                      | s Desired                   | æ                      | •  | ./ Ə Ad<br>ee <u>R</u> ed    | ditional   |
| 22  |  |  | 27   | <del></del>                                       |   |  |  |                      |   | <del></del> - ,             |                        | <del></del>  |                              |  |
| City & Stat   | te   |  | City &   | State   | -   |  |  |                      | 6. Election Campaign  |                             |                        |  | ded to                       | May Be.  |
| 23  | <del>-</del>   |  | 28   |   |   | ountry   |  |                      | Trust Fund Contrib  |                             |                        |  |                              |  |
| · Zip   | Count  | ry   | Zip  |   | r   | ountry   |  |                      | <ol> <li>This corporation or<br/>Personal Property</li> </ol> |                             | meni year              | Yes  |                              | <b>K</b> No  |
| 24  | 25   |  | 29   |   | 30  | $\overline{}$  |  |                      | 10. Name and Addre  |                             | Registere              |  |                              |  |
|   | 9. Name and Addr   | ess of Current   | Registered A   | Baur  |   | 81   | Name   |                      | IV. HUITO BILL POULT  | IIVA                        | B                      |  |                              |  |
| SCH   | HILLINGER, GERHARI   | 0  |  |   |   |  |  |                      |   |                             |                        |  |                              |  |
|   | 3 NW 12TH ST.  | -  |  |   |   | 82   | Street A   | Addres               | s (P.O. Box Number is   | Not Accept                  | table)                 |  |                              |  |
|   | RAL SPRINGS FL 33  | 071  |  |   |   | 83   | <del> </del>   |                      |   |                             |                        |  |                              |  |
| 001   | 21 01 144 CO 1 E CO  |  |  |   |   | 1  | 1  |                      |   |                             |                        |  |                              |  |
|   |  |  |  |   |   |  |  |                      |   |                             |                        | .  85  | Zlp C                        | ode  |
|   |  |  |  |   |   | B4   | City   |                      |   |                             | F                      | 'I   "   |                              |  |
|   |  |  | 207 1509   | Elecido Statut                                    | oo the  |  | 1 -  | comore               | ation submits this state                                      | ment for the                | F                      |  | na its n                     |  |
| 11. Pursuant  | to the provisions of Se  | ctions 607.0502  | and 607.1508,<br>If Florida, Such                                    | , Florida Statuti<br>change was a                 | es, the   |  | 1 -  | corpora<br>tration's | ation submits this states<br>s board of directors. I h        | ment for the                | purpose<br>pt the app  |  | ng its n<br>as regi          |  |
| 11. Pursuant office or ragent, I a  | to the provisions of Se<br>registered agent, or bot<br>im familiar with, and ac-   | ctions 607.0502<br>h, in the State of<br>cept the obligation   | and 607.1508,<br>If Florida, Such<br>ons of, Section                 | , Florida Statut<br>change was a<br>607.0505, Flo | es, the<br>uthorize   |  | 1 -  | corpora<br>oration's | ation submits this states<br>s board of directors. I h        | ment for the<br>sereby acce | purpose<br>pt the app  |  | ng its n<br>as regi          |  |
| 11. Pursuant office or ragent, I a  | to the provisions of Se<br>registered agent, or bot<br>im familiar with, and ac  | - 1 9F7  | CHAZD VI   | CHILLING  | EK  | above<br>ed by<br>atutes.  | e-named of<br>the corpo  |                      |   | ment for the<br>sereby acce | purpose<br>of the app  |  | ng its n<br>as regi          |  |
| SIGNATURE   | Signarde, typed or physical risks  | e of registrating agent  | and title if applicable  | CHILLING  | Register  | above<br>ed by<br>atutes.  | e-named of<br>the corpo  |                      | hen reinstating)  |                             | purpose<br>of the app  | of changir<br>cointment  |                              | egistered<br>stered                                  |
| SIGNATURE   | Signatifie, typed or physical risk   | of registrate agent  | and title if applicable  | CHILLING  | Register<br>13  | above<br>ed by<br>atutes.  | e-named of<br>the corpo  |                      |   |                             | purpose<br>of the app  | of changir<br>cointment  | ECTOF                        | egistered<br>stered                                  |
| SIGNATURE<br>12.<br>TITLE   | Signative typed or posited Min   | o of registrate agent agent of the property of | and title if applicable  | CHILLIAG  | Register<br>13  | above<br>ed by<br>atutes.  | e-named of<br>the corpo  |                      | hen reinstating)  |                             | purpose<br>of the app  | of changin<br>cointment :  | ECTOF                        | egistered<br>istered                                 |
| SIGNATURE  12.  TITLE  NAME   | Structe typed or office the  | of the state of th | and title if applicable DIRECTORS                                    | CHILLIAG  | 13<br>1,1<br>1,2  | above<br>red by<br>atutes.<br>red Agen<br>3.   | e-named of the corpo   |                      | hen reinstating)  |                             | purpose<br>of the app  | of changin<br>cointment :  | ECTOF                        | egistered<br>istered                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signed to the state of the stat | OFFICERS AND   | and title if applicable Directors                                    | DELETE  | 13<br>1.1<br>1.2<br>1.3   | above<br>red by<br>atutes.<br>at Agen<br>3.<br>TITLE<br>NAME   | e-named of the corporate signature re  |                      | hen reinstating)  |                             | purpose<br>of the app  | of changin<br>cointment :  | ECTOF                        | egistered<br>istered                                 |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | PRESIDE SHILL OF PHILLS OF ANY CORAL   | OFFICERS AND<br>NOTICERS AND<br>NOTICERS AND<br>NOTICERS<br>NOTICERS<br>NOTICERS<br>NOTICERS   | and title if applicable Directors                                    | DELETE  | 13<br>1.1<br>1.2<br>1.3<br>1.4  | above<br>red by<br>atutes.<br>red Agen<br>3.   | e-named of the corporate signature re  |                      | hen reinstating)  |                             | purpose<br>of the app  | of changin<br>cointment :  | ECTOF                        | egistered<br>istered                                 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Structo typed or opposite the PRES. DE CORMILLE ORAN   | OFFICERS AND<br>NET LIMBERL<br>SPRINGS<br>ES.  | and title if applicable Directors                                    | OHILLIAS<br>(NOTE)                                | 13<br>1.1<br>1.2<br>1.3<br>1.4<br>2.1   | above red by atutes.  red Agen 3.  TITLE NAME STREET CITY-SI   | e-named of the corporate signature re  |                      | hen reinstating)  |                             | purpose<br>of the app  | of changir<br>cointment :  | ECTOF                        | egistered stered stered SE IN 12                     |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   | PRES. DE  Structe typed or opposite  PRES. DE  SEMILLE  PIY2 NW  CORAL  VICE - PR  MARK U  | OFFICERS AND WELL META  PALINGS  ES  LATI  | and title if applicable Directors                                    | DELETE  DELETE  DELETE                            | Regulario 13 1.1 1.2 1.3 1.4 2.1 2.2  | above red by atutes.  atutes.  TITLE  NAME  STREET  CITY-SI  TITLE   | e-named of the corpo   |                      | hen reinstating)  |                             | purpose<br>of the app  | of changir<br>cointment :  | ECTOF                        | egistered stered stered SE IN 12                     |
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Indicated on this annual report or supplemental annual report is true and activate 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 airdiress, with all other like empowered.

SIGNATURE: \_