

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

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90003 011 ***150.00
06-29-1999 90003 012 *****8.75

DOCUMENT # P 98000091140 ✓
1. Corporation Name
Automotive Reconditioning Specialist, Inc.

Principal Place of Business
2000 Banks Rd D1
Margate FL 33063

Mailing Address
P.O. Box 934665
Coconut Crk,
FL 33093

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11-27-98

2. Principal Place of Business
21 2000 Banks Rd D1 Margate FL 33063
Suite, Apt. #, etc.
22 D1
City & State
23 Margate FL
Zip
24 33063
Country
25 USA

2a. Mailing Address
26 P.O. Box 934665 Coconut Crk, FL 33093
Suite, Apt. #, etc.
27
City & State
28 Coconut Crk FL
Zip
29 33093
Country
30 USA

4. FEI Number
65-08-70916
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SHAHEED HOSEIN
2000 Banks Rd D1
Margate FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | C.E.O | <input checked="" type="checkbox"/> DELETE |
| NAME | James A. Scarvel, Jr. | |
| STREET ADDRESS | 6322 NW 42nd Terr | |
| CITY-ST-ZIP | Coconut Crk FL 33073 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|---|
| 1.1 TITLE | C.E.O | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add |
| 1.2 NAME | RICHARD A. NOTO | |
| 1.3 STREET ADDRESS | 242 NW 91st Ave | |
| 1.4 CITY-ST-ZIP | Coral Springs, FL 33071 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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.

SIGNATURE:

Shaheed Hosein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Automotive
Reconditioning
Specialist, Inc.

Serving Florida's Auto Industry

P98000091140
580535-90003-6

June 15, 1999

TO WHOM IT MAY CONCERN:

Please be advised we are filing our Profit Corporation Annual Report Form.

We never received this in the mail, and called your office last week to request this form.

We were told to mail this in, with a check in the amount of \$150.00 , which is enclosed.

Any questions please do not hesitate to get in touch with us.

Thank you,

L. Viggiani
Office Manager