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 # **P98000091608**1. Corporation Name

NI'O AUTOMOTIVE GROUP INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90069 030 ***150.00



Oringinal Place	o of Business	Mailing Address		—				
Principal Place of Business Mailing Address 206 150TH AVE. 206 150TH AVE.								
MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708								
minute of the server						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	1	
						10/28/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-35391/3 Not Applicable	∍]	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22		27				5. Certificate of Status Desired Fee Required	_	
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip C			ntry		8. This corporation owes the current year Intangible		
24	25 29 30					Personal Property Tax. Yes No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent	4	
-01	TV 010114 PD 1			81	Name		}	
	EK, RICHARD A		}	82	Street A	Address (P.O. Box Number is Not Acceptable)	-	
1992 BONNIE COURT			-		Street Address (F.O. Dox Number is Not Acceptable)			
DUN	EDIN FL 34698		ľ	83				
						log Vin Codo	4	
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the al	bove	-named o	corporation submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida. Such change was a	uthorized	i bv i	the corpo	poration's board of directors. I hereby accept the appointment as registered		
agent. i a	im familiar with and accept the deligat	ions of, Section 607.0305, Pior	iua Statu	uies.				
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE	Registered	Agent	signature re	required when reinstating) DATE		
12.	OFFICERS AN	<u> </u>	13.	<u></u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_	
TITLE		☐ DELETE	1.1 TIT	TLE		DP57 Change Addition	on :	
NAME			1.2 NA	ME		SHIRLEY J. NELLE 16103 4TH ST EAST		
STREET ADDRESS			1.3 ST	REET	ADDRESS	16103 4TH ST EAST		
CITY-ST-ZIP				TY-ST	1	RENDING TON BEACH FL 3370 8	-	
TITLE		DELETE	2.1 TIT		-			
				ILE		☐ Change ☐ Addition	on !	
NAME						☐ Change ☐ Addition	on '	
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			2.2 NA 2.3 ST	ME REET	ADDRÉSS		n	
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6.4 CITY-ST-ZIP 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 on 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, of on an attachment with an address, with all other like empowered.

SIGNATURE: