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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000095706

AUTOMOTIVE ANTIFREEZE RECYCLERS, INC.

* * * #	
Principal Place of Business	Mailing Address
600 MARION DRIVE MOUNT DORA FL 32757	600 MARION DRIVE MOUNT DORA FL 32757

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90050 043 ***150.00



Principal Place	o of Business	Mailing Add	iress				(81) (8 1819) (8()) 30 ()) 8	III Ba iri Ba ir a ii	HER BULL HERDI		
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							porated or Qualifed				
0.0	I Designation	2a. Mailing	Address			11/12/19 4. FEI Number				plied For	
–	lace of Business	26 Viailing	Audiess				543477			t Applicable	
Suite, Apt.	# etc		pt. #, etc.						\$8.75	Additional	
22	n, 0.0.	27	•			5. Certifcate	of Status Desired		Fee Re	equired	
City & State	e	City & S	State	-		6. Election Ca	ampaign Financing		\$5.00		
23		28				Trust Fund	Contribution		Added 1	to Fees	
Zip	Country	Zip	_	Country		,	ration owes the curr	ent year Inta		□No	
24	25	29		30			roperty Tax. I Address of New F	Pagistarad A	Yes	LINO	
	9. Name and Address of Curr	rent Registered Ag	jent	81	Name	IV. Name and	Address of New !	<u>togistered r</u>	gont		
TRE	MAIN, JOHN C		•		·						
600	MARION DRIVE	F 1		82	Street Add	dress (P.O. Box Nu	mber is Not Accepta	able)			
	JNT DORA FL 32757			83		2.7		100	1,317		
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	: 1			84	City			FL	* 85 Zip (COGE	
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508,	Florida Statutes	s, the above	e-named co	rporation submits th	is statement for the	purpose of o	hanging its	registered	
	ediatored agent or both in the Sta	ate of Florida. Such	change was aut	nonzea by	tne corbora	tion's board of direc	tors, Thereby accep	or title appoin	unent as re	gistered	
office or r	m familiar with, and accept the obli	igations of, Section	607.0505, Florid	da Statutes.						1	
office or n agent. I a	m familiar with, and accept the obli	igations of, Section	607.0505, Florid	da Statutes.							
office or r	m familiar with, and accept the obli-	igations of, Section agent and title if applicable.	607.0505, FIORC	Registered Agen		ired when reinstating)	.,	DATE			
office or n agent. I a	m familiar with, and accept the oblining signature, typed or printed name of registered of OFFICERS.	agent and title if applicable. AND DIRECTORS	(NOTE: R	Registered Agent			CHANGES TO OF	DATE	D DIRECTO	DRS IN 12	
office or n agent. I a SIGNATURE	m familiar with, and accept the oblining signature, typed or printed name of registered of OFFICERS.	agent and title if applicable. AND DIRECTORS	607.0505, FIORC	Registered Agent 13. 1.1 TITLE			.,	DATE			
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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 one an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: