Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90138 035 ***150.00

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 # SOAOA6

1. Corporation BUDGET	GEAR COMPANY	,						
Principal Place of Business Mailing Address						(1887)818 tri 50tti 21611 88111 81618 8111 61		417 01011 7001
3318 S. ANDREWS AVENUE 15631 OLD US 441					}			
FT. LAUDERDALE FL 33309-6058		TAVARES FL 32778			DO NOT MOSTE IN T	LUC CDACE		
		US			-	DO NOT WRITE IN T	TIS SPACE	
						Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					4.	FEI Number	H	plied For
26						<u>65-0261613</u>		Applicable
Suite, Apt. #, etc.					5.	Certificate of Status Desired	\$8.75 Ar Fee Red	
22 27					+-			<u> </u>
City & State City & State						Election Campaign Financing Trust Fund Contribution	\$5.00 h Added to	- 1
Z i p				auntry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
24			30			Personal Property Tax. Name and Address of New Register		□N0
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10.	Name and Address of New Register	ed Agent	
RINEHEART, ROY F.				Name				
3918-3. ANDREWS AVENUE						O. Box Number is Not Acceptable),		Ì
FT. LAUDERDALE FL 33316			8:	156.	<u>3/</u>	OLD 45 441		
• • • •	2,052,15,150,150,15		0,	1				
			84	4 City		1265	FL 85 Zip C	ode o
		00 007 4500 51 51		/ //	oration	n submits this statement for the purpose		-//
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was all	norizea n	v tne corporatio	on's bo	pard of directors. I hereby accept the ap	pointment as reg	jistered
	THE PARTY WAS A STATE OF THE ST						•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE: F	Registered Ag	ent signature require				
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.1					Change	☐ Addition
NAME			1.2 NAME	:				•
STREET ADDRESS			1.3 STRE	ET ADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP		<u></u>		
TITLE		☐ DELETE 2.1°		1			Change	☐ Addition
NAME	·		2.2 NAME	<u> </u>		المعالية الأحدد أراديا		
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-					C Addition
TITLE	·		3.1 TITLE	- 1			☐ Change	Addition
NAME			3.2 NAME	•			•	
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-				☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE				C) Criange	L. AGGILLON
NAME			4. 2 NAM					}
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		□ pci ctc	4.4 CITY-				Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Addition
NAME				ET ADDRESS				
STREET ADDRESS			5.4 CITY-	ł		-		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	Addition
TITLE			6.2 NAME				9	
NAMÉ	I			1				ì

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 or an attachment with an andress, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR