

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  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90005 035 \*\*\*150.00

DOCUMENT # S09871

1. Corporation Name

AUTOMOTIVE & MARINE ENTERPRISES, INC.

Principal Place of Business

4700 B OAKES RD  
DAVIE FL 33314-0901

Mailing Address

12451 SW 1ST CT  
PLANTATION FL 33325  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1990

4. FEI Number

59-2596438

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

2. Principal Place of Business

21 12451 SW 1ST CT

2a. Mailing Address

26 12451 SW 1ST CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PLANTATION

27

City & State

City & State

23 FLA

28

Zip

Country

Zip

Country

24 33325

25

US

29

30

9. Name and Address of Current Registered Agent

HORSFALL, JOHN D.  
12451 SW 1ST CT  
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVT ☐ DELETE

NAME HORSFALL, JOHN D.

STREET ADDRESS 12451 SW 1ST CT.

CITY-ST-ZIP PLANTATION FL

TITLE DS ☐ DELETE

NAME HORSFALL, JOHN F.

STREET ADDRESS 5280 SW 4TH CT.

CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: JOHN D. HORSFALL

Date

Daytime Phone #

4-26-99 954-474-0477

CR2E034 (11/98)