Mailing Address

720 PINES BLVD

2a. Mailing Address

Miram

Suite, Apt. #, etc.

PEMBROKE PINES FL 99024

1873 SW101 AVE

330√

**PROFIT** CORPORATION ANNUAL REPORT

1999

MASTER TECH. AUTO BODY, INC.

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

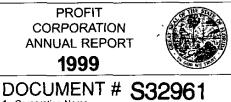
1823 SW 101 AVE

MIRAMAR FL 33025

US

21

22



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90161 024 \*\*\*150.00

	•	
L.		

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5, Certificate of Status Desired

02/18/1991 4. FEI Number

65-0241892

		<u></u>							L
City & Stat	e	City & Stat	e			6. Election Campaign Finance	ing 🗆	\$5.00 N	
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip		Country		8. This corporation owes the	current year Ir		⊒No ∫
24	25	29	. 30			Personal Property Tax.  10. Name and Address of N	ou Basisters		3110
	9. Name and Address of Cu	rrent Registered Agen	<u> </u>	81	Name	10. Name and Address of N	w Keyisteret	Agent	
MAS	SIMO. NICK			01	Name				
1823 SW 101 AVE MIRAMAR FL 33025				82	Street Address (P.O. Box Number is Not Acceptable)			,	
						<del></del>			
IVISCA	RIVAR FL 33023			83					
				84	City			85 Zip Co	ode
						·	FI	<del>-</del> 1	
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508, Flo	orida Statutes, th	e above	-named cor	poration submits this statement for tion's board of directors. I hereby a	the purpose o	of changing its re	egistered   istered
office or r	egistered agent, or both, in the Similar with, and accept the of	ate of Florida, Such cha	7.0505, Florida S	Statutes.	ine corpora	don's board of directors, I hereby t	ocept the app	Januarient do regi	,5,0,15,15
SIGNATURE	•	·							
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE, Regis	stered Agen	signature requi	red when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO	OFFICERS A			
TITLE	TSD		DELETE	1.1 TITLE				Change	☐ Addition
NAME	MASSIMO, NICK		Į ·	1.2 NAME					
STREET ADDRESS	1823 SW 101 AVE		Į,	1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIRAMAR FL			1 4 CITY-ST	-ZIP				
TITLE	PD		DELETE 2	2.1 TITLE				Change	☐ Addition
NAME	CRISAFULLI, RICHARD		1	2.2 NAME					
STREET ADDRESS	1823 SW 101 AVE			2.3 STREET	ADDRESS	,			ļ
CITY-ST-ZIP	MIRAMAR FL		2	2. 4 CITY-S	r-ZIP				
TITLE			DELETE :	3.1 TITLE				Change	☐ Addition
NAME			3	3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS ~				
CITY-ST-ZIP			1:	3.4. CITY-S	r-zip			_	
TITLE			DELETE 4	4.1 TITLE				Change	Addition .
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY- ST	·zip				
TILE				5.1 TITLE			:	☐ Change	☐ Addition
NAME				5.2 NAME		•			
STREET ADDRESS				5.3 STREET	ADORESS			•	
CITY-ST-ZIP				5.4 CITY-S1	-ZIP	,			
TITLE			DELETE	6.1 TITLE				Change	Addition
NAME		_		62 NAME		•		-	!
				6.3 STREET	ADDRESS				
STREET ADDRESS				6.4 CITY-S1		•			
CITY-ST-ZIP	1			0.7 0111-31	- <b>4</b> n-				

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:

924-439-063-