PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$35516

1. Corporation Name

INTERNATIONAL SERVICE AND PARTS INC

Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90187 014 ***150.00

	THOMAL GENTIGE AND TA							
Principal Place	e of Business	Mailing Address						
1300 S DIXIE HWY 1300 S DIXIE HWY.								
W PALM BEACH FL 33401 W PALM BEACH FL 33401						DO NOT WRITE IN THIS	SPACE	
:						3. Date incorporated or Qualifed 02/21/1991		
2.º Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For ·
21 26						65-0246595	. No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	dditional
22						5. Certifcate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	o Fees
Zip	Country	Zip	Соц	ntry		8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	□No
,	9. Name and Address of Curre	ent Registered Agent		С,		10. Name and Address of New Registered	Agent	
				81	Name			
	ITO, GEORGE R.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1300 S DIXIE HWY				•	011001710010	,		
W PA	ALM BEACH FL 33401			83				
ı					Cit.		85 Zip (Code
				84	City	FL	_ 65 210 '	Joue
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the al	bove	-named corpo	oration submits this statement for the purpose o	changing its	registered
office or r	registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida. Such change was at	Jihorized	ו איז ו	ne corporatio	n s board of directors, i neteby accept the appo	intment as re	gistered
	an tarranar with and accept the oblig	dions of Cocacinos coconinos		a			-	ļ
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered	Agent	signature required	when reinstating). DATE		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	HATCHER, STEPHEN A.		1.2 NAME					
-6TREET ADDRESS	4125 COLLE DR		1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-S		-ZIP			
TITLE	PSD	☐ DELETE	2.1 TITLE			1	Change	☐ Addition
NAME	DEVITO, GEORGE R.		2.2 NAME				•	
STREET ADDRESS	156 MEADOWLARK DR		2.3 S1	REET	ADDRESS			}
CITY-ST-ZIP	ROYAL PALM BEACH FL		2.4 CITY-9		r-ZIP			
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 N/	AME	ļ	••	•	}
STREET ADDRESS								ŀ
CITY-ST-ZIP	1		3.3 ST	REET	ADDRESS			
TITLE								
NAME		DELETE		ΠY-\$T			Change	Addition
		☐ DELETE	34. C	ITY-\$T		10	Change	Addition
STREET ADDRESS		☐ DELETE	34. C 4.1 TF 4. 2 N	ity- <u>\$t</u> Tle Ame			Change	Addition
STREET ADDRESS		☐ DELETE	34. C 4.1 TF 4. 2 N 4.3 ST	ity- <u>\$t</u> Tle Ame	T-ZIP ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	34. C 4.1 TF 4. 2 N 4.3 ST	ITY-ST TLE AME TREET	T-ZIP ADDRESS		☐ Change	Addition
CITY-ST-ZIP			34. C 4.1 TT 4. 2 N 4.3 ST 4.4 C	ITY-\$T TLE AME TREET I TY-ST-	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME			34. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N	ITY-ST TLE AME TREET: TY-ST: TLE AME	T-ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS			34. C 4.1 TT 4. 2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N/ 5.3 ST	ITY-ST TLE AME TREET: TY-ST: TLE AME	ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			34. C 4.1 TT 4. 2 N 4.3 ST 4.4 CT 5.1 TT 5.2 N/ 5.3 ST	ITY-ST TLE AME TY-ST TLE AME TREET TLE TY-ST	ADDRESS -ZIP ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	34. C 4.1 TI 4.2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI	TY-ST- TLE TY-ST- TLE TREET TREET TY-ST- TLE TY-ST- TLE	ADDRESS -ZIP ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	34. C 4.1 TT 4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N/ 5.3 ST 5.4 CI 6.1 TT 6.2 N/	TY-ST TLE AME TY-ST TLE AME TY-ST TLE TY-ST TLE	ADDRESS -ZIP ADDRESS		☐ Change	Addition

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 vistee 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:

1. * G OFFICER OR DIRECTOR