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 # **\$44505**

1. Corporation Name

W.R.C. AUTO SERVICE, INC.

P	rincipal	Place	of	Business	

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90092 007 ***150.00



Principal Place of Business		Mailing Address				
1200 SUNSET S	STRIP	1200 SUNSET STRIP				
SUNRISE FL 33	313	SUNRISE FL 33313		DO NOT WRITE IN TH	IIS SPACE	
us us				3. Date incorporated or Qualifed		
				-04/11/1991		
2 Principal D	lace of Business	2a. Mailing Address	-5	4. FEI Number	Applied For	
Z. Principal Pi	A ME 15 A 25 (F	26 3AME		65-0268171	Not Applicable	
21	AME AS ABOVE #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
	#, etc.	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	•	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	_ ·	. - -	30 BROWARD.	Personal Property Tax.	∐ Yes 🚺 No	
24	9. Name and Address of Cui	rrent Registered Agent	30 P P P P P P P P P P P P P P P P P P P	10. Name and Address of New Registere	ed Agent	
	o. Italia and Addition of the		81 Name			
LAN	UTO, WILLIAM		20 0 101	(D.O. Day Number in Not Accontable)		
	NW 101 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	RISE FL 33351		83			
			84 City	F	85 Zip Code	
44 Ourseast	to the provisions of Sections 607	0502 and 607 1508 Florida Statute	es the above-named cor	maration submits this statement for the purpose	of changing its registered	
office or r	egistered agent, or both, in the St	ate of Florida. Such change was a	utnorized by the corpora:	tion's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section 607.0505, Flor	rida Statutes.			
SIGNATURE		DOTT.	: Registered Agent signature requi	ired when reinstating) DATE		
12.	Signature, typed or printed name of registered	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
	LANUTO, WILLIAM		1.2 NAME			
NAME			1.3 STREET ADDRESS			
STREET ADORESS	3121 NW 101 AVE		1			
CITY-ST-ZIP	SUNRISE FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	SD	. Detere				
NAME∙ → ′	LANUTO, RICHARD		2.2 NAME		· · · · · · ·	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL	DELETE	2.4 CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition	
TITLE	TD	☐ DETE(F	3.1 TITLE			
NAME ,	LANUTO, CHRIS		3.2 NAME			
STREET ADDRESS	• · • · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-ST-ZIP	,	☐ Change ☐ Addition	
TITLE		, DELETE	4.1 TITLE			
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE 🔍 🕆	Pd CK 6158	☐ Change ☐ Additio	
NAME	,		5.2 NAME ' ' '	rack 6/3	•	
STREET ADDRESS	ļ _r .		5.3 STREET ADDRESS	2/2/60		
CITY-ST-ZIP :	[:		5.4 CITY-ST-ZIP	4/9/77		
TITLE .		□ DELETE	6.1 TITLE	 /	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 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.

6.4 CITY-ST-ZIP

6.2 NAME 6.3 STREET ADDRESS

TITLE

STREET ADDRESS

☐ DELETE