

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90016 040 ***150.00

DOCUMENT # S79713

1. Corporation Name
ROYAL AUTO TRIM, INC.

Principal Place of Business
**3680 N.E. 12 TERR.
POMPANO BEACH FL 33064**

Mailing Address
**3680 N.E. 12 TERR.
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1991

4. FEI Number
65-0283806

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

2a. Mailing Address

21 **2550 SW 14 CT.**

26 **2550 SW 14 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Deerfield Bch. FL**

28 **Deerfield Bch. FL**

24 Zip Country

29 Zip Country

25 **33442 USA**

30 **33442 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBRIDE, TIMOTHY E.
3680 N.E. 12 TERR.
POMPANO BEACH FL 33064**

81 Name

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

2550 SW 14 CT

83

84 City

Deerfield Beach

FL

85 Zip Code

33442

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 ☐ DELETE

NAME
MCBRIDE, TIMOTHY E.
STREET ADDRESS
3680 N.E. 12 TERR.
CITY-ST-ZIP
POMPANO BEACH FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
2550 SW 14 CT.
1.3 STREET ADDRESS
Deerfield Bch. FL
1.4 CITY-ST-ZIP
33442

TITLE ☐ DELETE

NAME
MCBRIDE, DIANE L.
STREET ADDRESS
3680 N.E. 12 TERR.
CITY-ST-ZIP
POMPANO BEACH FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2550 SW 14 CT.
2.3 STREET ADDRESS
Deerfield Bch. FL
2.4 CITY-ST-ZIP
33442

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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: **Diane L. McBride** 4-22-99 954-427-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)