FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 28 1998 8:00am Secretary of State

DOCUMEN 1. Corporation Name	^{T#} S9940	00 (1)			
	TOMOTIVE CONSU	\ /			
ATLANTIC AC	TOMOTIVE COMS	JETHAG, ING.			(NET DEBLI SIGN) SIPIT BIBLI IRNI
Principal Place of Busin	ness	Mailing Address			.BI 81814 B1844 B1814 B1844 1884
3056 VIA NAPOLI 3056 VIA NAPOLI					
DEERFIELD BEACH FL 33442		DEERFIELD BEACH FL	33442	DO NOT MIDITE IN THE	IC CDACE
US		US		DO NOT WRITE IN THI 3. Date incorporated or Qualified	S SFACE
				12/11/1991	į
2. Principal Place of Business		2a. Mailing Address	, a mark are	4. FEI Number	Applied For
21		26		65-0300175	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27 City 9 State		_	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	me and Address of Cur			10. Name and Address of New Registere	
DE FALCO.	JERRY		81 Name		
3056 VIA NAPOLI			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
DEERFIELD	BEACH FL 33442				
			83		
			84 City	F	85 Zip Code
11. Pursuant to the	visions of Sections 207.0	0502 and 607.1508. Florida Statu	tes, the above-named con		
office or registered	agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
ľ	VIUM /	ganorisal, openor cor. 0005, 11	iorida Gratutes.	1/8/9	28
SIGNATURE Signate by	ped or printed name of registered	agent and title if applicable (NO	TE: Registered Agent signature requi	red when reinstating) DATE	<u> </u>
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE		DELETE	1.1 TITLE		☐ Change ☐ Addition
•	LCO, JERRY		1.2 NAME		
	VIA NAPOLI		1.3 STREET ADDRESS		
CITY-ST-ZIP DEER	FIELD BEACH FL	☐ DELETE	1.4 GITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		C custige C Voquitor :
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		[]
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Locuste	5.4 CITY-ST-ZIP		Change Taddata
TITLE		☐ DEFELE	6.1 TITLE		☐ Change ☐ Addition
NAME CTREET NODGEGG			6.2 NAME		Ì
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP 14. hereby certify that	the information supplied	with this filing does not qualify f	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated on this an	nual report or suppleme	ntal annual resolt is true and acc	curate and that my signatu	re shall have the same legal effect as if made t	under oath: that I am an

eport as required by Chapter 607, Florida Statutes; and that my name appears in