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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # V11863**

1. Corporation Name

ACCURATE CARBURETOR INC.

Country

25

Pri	ncipa	Place	of Bu	siness

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

528 EAST COAST ST. SOUTH LAKE WORTH FL 33460

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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22

23

24

528 EAST COAST ST. SOUTH LAKE WORTH FL 33460

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90108 021 ***150.00



٠	DO NOT WRITE	ADAGS SIHT MI		
3.	Date Incorporated or Qualifed 02/05/1992	W (3110 01 710E		
4.	FEI Number	Applied For		
	58-1982772	Not Applica	ble	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	ı—	
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
8.	This corporation owes the current	year Intangible		

10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AZIF, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 82 4843 N.W. 22ND STREET COCONUT CREEK FL 33063 Zip Code 8A City 85

Country

30

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE AZIF. MICHAEL A. 1.2 NAME NAME 4843 N.W. 22ND STREET 1.3 STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE AZIF. HELEN C. 2.2 NAME NAME 4843 N.W. 22ND STREET 2.3 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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.

AND TYPED OF PRINTED NAME OF SIGNING OFFIC

561-588-3801

CR2E034 (11/98)