Applied For

Not Applicable

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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # **V27567** 1. Corporation Name TOP SOURCE AUTOMOTIVE, INC. Mailing Address Principal Place of Business 7108 FAIRWAY DR. 1757 LARCHWOOD AVE. STE. 200 TROY MI 48083-2224 DO NOT WRITE IN THIS SPACE PALM BCH. GARDENS FL 33418-3757 3. Date Incorporated or Qualifed 04/09/1992 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 65-0332734 26

Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90009 018 ***550.00

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1 ** * 1												
22	Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Star	us Desired		\$8.75 Fee Re	Additional equired
23	City & State	•	28	City & State				6. Election Campai Trust Fund Cont				May Be to Fees
	Zip	Country	1=51	Zip	Count	try		8. This corporation	owes the cur	rent year Inta	ngible	
24		25	29	30	0			Personal Proper	ty Tax.		Yes	□No
		9. Name and Address of Curren	t Regist	ered Agent				10. Name and Add	ess of New	Registered A	Agent	
HARRIS, BETH F.						ļ		rris, Beth F.		able)	.,	<u></u>
712 US HIGHWAY ONE							1645_1	<u>Palm Beach La</u>	<u>kes Blv</u>	<u>rd.</u>		
4TH FLOOR						33	Suite	550				
	NOR	TH PALM BEACH FL 33408				34	City	<u> </u>			85 Zip	Code
ŀ					1	~		t Palm Beach		FL		401
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 approximately accept										purpose of	changing its	registered
"	office or re	edistered agent, or both, in the State of	of Florid	a. Such change was autr	nonzea b	oy tr	ne corporati	ion's board of directors.	hereby acce	pt the appoir	itment as re	egistered
	agent. i ar	n familiar with, and accept the obligat	dons or,	Section 007.0303, Florid	a Statut	G3.						İ
SI	IGNATURE	Signature, typed or printed name of registered agen	at and title if	applicable (NOTE: R	egistered Ag	cent :	signature require	red when reinstating)		DATE		
12		OFFICERS AN			13.	9	vig. idia i viq	ADDITIONS/CHA	NGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
-	LE	CD		X DELETE	1.1 TITLE	 E		D			Change	X Addition
	ME I	LANDOW, STUART			1.2 NAMI	F	R	onald P. Burd	l			
	REET ADDRESS	7108 FAIRWAY DR #200						44 Devereux I				
	ŀ	PALM BCH GDNS FL 33418			14 CiTY			illa Nova, PA		ξ.		
-	Y-ST-ZIP	PD PD		☐ DELETE	2.1 TITLE			CPD	17002	<u>, </u>	Change Ch	Addition
	1	WILLIAM C WILLIS JR		C) beceive	2.2 NAM	_			_ T		24	_
	ME							lliam C Willi		000		
	REET ADDRESS	7108 FAIRWAY DR., STE. 200 PALM BEACH GARDENS FL 33	2410				!	08 Fairway Dr	-			
	TY-ST-ZIP	VTSD	P4 10	DELETE	2. 4 CITY 3.1 TITLE	_		<u>lm Beach Gard</u>	ens,_FI	33418	Change	Addition
	le j			□ pere≀e	1		D				onungo	X
NA	1	NATAN, DAVID			3.2 NAM	_		• Kerry Vicka				
ST	REET ADDRESS	7108 FAIRWAY DR., STE. 200		.=4	3.3 STRE	EET A	ſ	l Rickert St.				
-	TY-ST-ZIP	PALM BEACH GARDENS FL 33	3418-37		3.4. CITY		ZIP St.	atesville, NC	28677	<u>' </u>	Change	▼ Addition
Įπ	LE			☐ DELETE	. 4.1 TITLE		Þ				☐ Change	K) Addition
NA.	ME				4. 2 NAM			. Jeff Mennen	1			
STI	REET ADDRESS				4.3 STRE	EET A	ADDRESS 25:	B Hanover Rd.				
CIT	Y-ST-ZIP				4.4 CITY	-ST-	ZIP F1	orham, Park,	NJ 079	32		
TIT	ı.e			☐ DELETE	5.1 TITLE	_		,,		-	Change	Addition
) NA	ME				5.2 NAM	E						
STI	REET ADDRESS				5.3 STRE	EETA	ADDRESS					
CIT	ry-st-zip				5.4 CITY		ZIP					
ŤΠ	LE			☐ DELETE	6.1 TITLE	E					☐ Change	☐ Addition
NA	ME				6.2 NAM	E						
ST	REET ANDRESS				6.3 STRE	EET A	ADDRESS					

14. I hereby certify that the information supplied with this filing of 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 of the receiver or traffice emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in fress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #