**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V32884**

1. Corporation Name

E & M AUTOMOTIVE, INC.

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Principal Place	of Business	Ma	iling Address				•	'	INGIL BUNGE IIII II		, 5,5, 5,2,, 0,			
4775 MERCANTILE AVE.		4775 MERCANTILE AVE. UNIT 8												
NAPLES FL 33942		NAPLES FL 33942					DO NOT WRITE IN THIS SPACE							
us ·		US						1	ncorporated or	Qualifed				-
									1/1992					=
2. Principal Pl	lace of Business	2a.	Mailing Addres	SS				4 FEI N				<del>-</del>	pplied For	-
21		26						65-0	<u>340673                                    </u>				ot Applicable	┤ ˈ
Suite, Apt. #, etc.		Suite, Apt. #, etc.						5, Certife	cate of Status D	esired		• -	Additional equired	
City & State	е -	<del> </del> -	City & State					6. Electi	on Campaign F	inancing		\$5.00	May Be	
23		28	h '					Trust	Fund Contributi	оп		Added	to Fees	
Zip	Country		Zip		Cour	ntry		8. This c	corporation owe	s the curre	nt year Int	angible		
24 34104	4 25	29	34104	3	ol _				nal Property Ta			☐ Yes	□No	┙.
	9. Name and Address of Current	Regist	tered Agent					10. Name	e and Address	of New R	egistered	Agent		
						81 1	Name						•	}
	UZZO, LUDWIG J.				ļ	82 5	Street Add	lress (P.O. Bo	x Number is No	t Accepta	ole)			7
	CASTELLO DRIVE, STE 101													4
NAPI	LES FL 34103					83								1
	•				.	84 (	City				FL	85 Zip	Code	
-fire or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	la. Such chand	e was auti	nonzea	ov m	named corporati	poration.submion's board of	directors. I her	eby accep	the appoi	ntment as r	egistered	
SIGNATURE		T-01-7	<del></del>	WOTE: D		Annt si	innatura cocurr	od when exinctating	<u> </u>		DATE		<del></del>	1 -
	Signature, typed or printed name of registered agent a			(NOTE: R	<u> </u>	Agent si	ignature requir	ed when reinstating		s to off	DATE	ID DIRECT	ORS IN 12	- 6 6
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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.

**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90037 049 \*\*\*150.00