## 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

**DOCUMENT # V34990** 

1. Corporation Name

COWBOYS AUTO BODY, INC.

Principal Place of Business

Mailing Address

1020 NE 4TH AVE.

1020 NE 4TH AVE.

## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90221 032 \*\*\*150.00



FT. LAUDERDAI	LE FL 33304	FT. LAUDERDALE FL 33304	AUDERDALE FL 33304		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/11/1992		}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TA	pplied For
21 106	25 NF 5th AU	(26 > /±1/0]	E		65-0308576	N <sub>1</sub>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27					equired
City & State							May Be
23	thous fit		Countr		Trust Fund Contribution		to Fees
				у	8. This corporation owes the current year Intang Personal Property Tax.	lible ] Yes	□No
24 33.	9. Name and Address of Current		50)		10. Name and Address of New Registered Age		
<del>                                     </del>	9. Name and Address of Contem	t Neglistered Agent	8	1 Name	10. Hans with the second		
SONDERGOLD, ROBERT				1			
1020 NE 4TH AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
TT ( 110500 (15 5) 4400 (				3			
			L	<u></u>			
			84	4 City	FL	B5 Zip	Code
44 Durenant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statutes	s the above	ve-named cor	· · · · · · · · · · · · · · · · · · ·	l anging its	s registered
office or r	egistered agent, or both, in the State of	of Florida. Such change was aut	horized b	the corpora	rporation submits this statement for the purpose of cha tion's board of directors. I hereby accept the appointment	ent as re	egistered
	m familiar with, and accept the obligat	lions of, Section 607,0505, Fioric	oa Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agent	st and title if applicable. (NOTE: F	Registered Age	ent signature requi	red when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	JIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			] Change	☐ Addition
NAME	BLOSSER, KIRBY		1.2 NAME				
STREET ADDRESS	1020 NE 4TH AVE.		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZIP			
TITLE	DV □ DELETE 21 TM		2.1 TITLE			] Change	☐ Addition
NAME	SONDERGOLD, ROBERT 2.2 N		2.2 NAME		•		ì
STREET ADDRESS	2310 SW 4TH TERR.		2.3 STREE	ET ADDRESS			}
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-	ST-ZIP			
TITLE	ST	DELETE	3.1 TITLE			Change	Addition
NAME	SONDERGOLD, ROBERT		3.2 NAME				
STREET ADDRESS	2310 SW 4TH TERR.		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	{		] Change	Addition
NAME			4. 2 NAME	i			
STREET ADDRESS			4.3 STRE	ET ADDRESS			{
CITY-ST-ZIP			4.4 CITY-			7.01	
TITLE		☐ DELETE	5.1 TITLE	- 1	L	] Change	Addition
NAME			5.2 NAME				)
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP			5.4 CITY-			7.06	
TITLE	}	☐ DELETE	6.1 TITLE	Į.	L	] Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			J
OTT NO			64 CITY-	ST-ZIP I			1

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #