Addition

☐ Change

## 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

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90037 033 \*\*\*150.00

OCUMENT	#	V43373
Corporation Name		1 1001 0

SIMONSON FOREIGN CAR SERVICE, INC.

|--|

Principal Plac	ce of Business	Mailing .	Address						•	
720 S. DIXIE I			IXIE HWY.							
HOLLYWOOD	FL 33020	HOLLYW	OOD FL 33020				DO NOT WRIT	F IN THIS	SPACE	
1 1							3. Date Incorporated or Qualifed 06/12/1992		<u> </u>	
2 Principal F	Place of Business	2a. Maili	ing Address				4. FEI Number	<del></del>	IA	pplied For
21	1200 01 20041000	26					65-0405.109	. ,		lot Applicable
Suite, Apt	#. etc.		Apt. #, etc.	<del></del>					\$8.75	Additional
22		27					5. Certificate of Status Desired	<u></u>	Fee F	Required
City & Sta	ite	City	& State				6. Election Campaign Financing		\$5.00	May Be
23	,	28		_			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Cour	itry		8. This corporation owes the curre	nt year Inte		_
24	25	29		30			Personal Property Tax.		☑Yes	No
	9. Name and Address of Curr	rent Registered	Agent				10. Name and Address of New R	egistered .	Agent	
	IONOON BANKI			1	81	Name				
	IONSON, DANIEL			-	82	Street Addre	ss (P.O. Box Number is Not Accepta	ble)		
	SO DIXIE HWY			L						
HO	LLYWOOD FL 33020				83					
				}	84	City			85 Zip	Code
ļ	·			1	- {	-	ration submits this statement for the	FL		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applic		Registered	Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECT	ORS IN 12
TITLE	P	AND DIRECTO	DELETE	1.1 707	LE.		7,000110110110110110110110110110110110110		☐ Change	
NAME	SIMONSON, DANIEL			1.2 NA	ME					-
STREET ADDRESS	TAR OR BUSE LINEAU			1.3 STF	REET	ADDRESS				•
CITY-ST-ZIP	HOLLYWOOD FL 33020			1.4 C/T		. [				
TITLE			☐ DELETE	2.1 TIT					Change	Addition
NAME				22 NA	ME :	محاجد بن			المستشاه بالمراس	
STREET ADDRESS	8			2.3 STI	REET	ADDRESS	<del>-</del>			
CITY-ST-ZIP				2.4 CI	Y-ST	r-ZIP				
T/TLE			☐ DELETE	3.1 TIT	ιE				Change	Addition
NAME	,			3.2 NA	ME					
STREET ADDRESS				3.3 STI	REET.	ADDRESS				
CITY-ST-ZIP	<u> </u>		-	3.4. CF	TY-ST	r-ZIP			<u> </u>	
TITLE									☐ Change	
NAME			☐ DELETE	4.1 TIT	LE					Addition
	s		☐ DELETE	4.1 TIT			•			e
STREET ADDRESS			☐ DELETE	4. 2 NA	ME	ADDRESS				e ☐ Addition
STREET ADDRES				4. 2 NA	ME REET					
I			☐ DELETE	4. 2 NA 4.3 STE 4.4 CIT 5.1 TIT	ME REET Y-ST		,		Change	
CITY-ST-ZIP				4. 2 NA 4.3 STG 4.4 CIT 5.1 TIT 5.2 NA	ME REET Y-ST LE ME	-ZIP			Change	
CITY-ST-ZIP TITLE	s			4. 2 NA 4.3 STG 4.4 CIT 5.1 TIT 5.2 NA	ME REET Y-ST LE ME REET	-ZIP ADDRESS	`		☐ Change	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 repent or supplemental sinual 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 recover 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 any attachment with an address, with all other like empowered.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME