FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 2:58

DOCUMENT # **248107** **(5)**

1. Corporation Name
NOLAN'S GARAGE, INC.

Principal Place of Business	Mailing Address
2951 NORTHWEST 27 AVENUE MIAMI FL 33142	2951 NORTHWEST 27 AVENUE MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/03/1961	07/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-0899943** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, ELLIOT 960 ARTHUR GODFREY RD. STE. 116 MIAMI BCH. FL 33140	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~MCCLASKEY, SANDRA J~~	1.2 NAME	Holly M. Rivera	
STREET ADDRESS	~~14716 BALGOWAN RD.~~	1.3 STREET ADDRESS	7672 VENETIAN STREET	
CITY-ST-ZIP	~~MIAMI LAKES FL~~	1.4 CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	V	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~DE FILLIPO, KENNETH A.~~	2.2 NAME	SANDRA J. McCLASKEY	
STREET ADDRESS	~~17890 N.E. 10TH AVE~~	2.3 STREET ADDRESS	14716 BALGOWAN ROAD	
CITY-ST-ZIP	~~N. MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCLASKEY, DAWN M	3.2 NAME		
STREET ADDRESS	14716 BALGOWAN RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Holly M. Rivera Holly M. Rivera 4/5/95 (305) 682-1230
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — Daytime Phone #

0182440 CP