

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **618018** (6)

1. Corporation Name
DAVIE GARAGE, INC.



Principal Place of Business: **4301 SW 64 AVENUE DAVIE FL 33314**
Mailing Address: **4301 SW 64 AVENUE DAVIE FL 33314**

3. Date Incorporated or Qualified: **04/19/1979**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1900018	Applied For <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LERNER, ALLAN M. 2691 EAST OAKLAND PARK BLVD., SUITE 200 FT. LAUDERDALE FL 33306		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BOYER, ROBERT		1.2 NAME	
STREET ADDRESS: 650 LOWER BROWNS CREEK		1.3 STREET ADDRESS	
CITY-ST-ZIP: BURNSVILLE, NC 00000		1.4 CITY-ST-ZIP	
TITLE: PST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROMBACHER, JOYCE		2.2 NAME	
STREET ADDRESS: 300 S.W. 70TH AVENUE		2.3 STREET ADDRESS: 10340 SW 20 ST.	
CITY-ST-ZIP: PEMBROKE PINES FL		2.4 CITY-ST-ZIP: DAVIE, FL 33324	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BROMBACHER, JOYCE		3.2 NAME	
STREET ADDRESS: 300 S.W. 70TH AVENUE		3.3 STREET ADDRESS: 10340 SW 20 ST.	
CITY-ST-ZIP: PEMBROKE PINES FL		3.4 CITY-ST-ZIP: DAVIE, FL 33324	
TITLE: VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NAGY, STEVE		4.2 NAME	
STREET ADDRESS: 9379 N.W. 24TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP: PEMBROKE PINES FL		4.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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. 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: *Joyce Brombacher* 2-1-96 9545872310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)