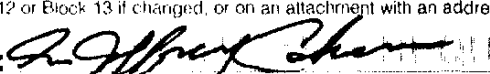


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G32891 (5)			
1. Corporation Name TONY'S AUTO REPAIRS, INC.			
Principal Place of Business % ANTHONY MIGLIONICO 2790 W. BROWARD BLVD. FT. LAUDERDALE FL 33312		Mailing Address % ANTHONY MIGLIONICO 2790 W. BROWARD BLVD. FT. LAUDERDALE FL 33312-1246	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 04/13/1983		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-2273835		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 MIGLIONICO, ANTHONY 2790 W. BROWARD BLVD. FT. LAUDERDALE FL 33312		10. Name and Address of New Registered Agent 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			
TITLE	PD	☐ DELETE	
NAME	MIGLIONICO JR, ANTHONY E		
STREET ADDRESS	2790 W. BROWARD BLVD		
CITY- ST- ZIP	FT. LAUDERDALE FL		
TITLE	DS	☐ DELETE	
NAME	GRITTER, ALFRED J.		
STREET ADDRESS	2790 W. BROWARD BLVD		
CITY- ST- ZIP	FT. LAUDERDALE FL		
TITLE	VDY	☐ DELETE	
NAME	COHEN, JEFFREY, DR.		
STREET ADDRESS	2790 W. BROWARD BLVD		
CITY- ST- ZIP	FT. LAUDERDALE FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		☐ Change ☐ Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY- ST- ZIP			
14. I do 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.			
SIGNATURE:  DR. JEFFREY COHEN 2/1/97 581-1408 (954)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CP2E034 (9/96)