

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

FILED

Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/13/1983	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 85 Zip Code FL
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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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	2790 W. BROWARD BLVD	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP	FT. LAUDERDALE FL	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	DS	3.1 TITLE	3.2 NAME
NAME	GRITTER, ALFRED J.	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	2790 W. BROWARD BLVD	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	FT. LAUDERDALE FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	VDI	5.1 TITLE	5.2 NAME
NAME	COHEN, JEFFREY, DR.	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
STREET ADDRESS	2790 W. BROWARD BLVD	6.1 TITLE	6.2 NAME
CITY - ST - ZIP	FT. LAUDERDALE FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

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

SIGNATURE: *Jeffrey Cohen* VP 3/5/98 (954) 581-4468

CR2E034 (10/97)