

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J96939 (0)
1. Corporation Name
AUTOMOTIVE SERVICE EXCELLENCE, INC.

Principal Place of Business 7544 W MCNAB ROAD C15-18 NORTH LAUDERDALE FL 33068	Mailing Address 7544 W MCNAB ROAD C15-18 NORTH LAUDERDALE FL 33068-5485
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1987		3a. Date of Last Report 01/24/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0014070		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

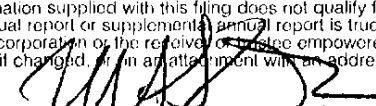
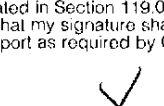
9. Name and Address of Current Registered Agent SALAMONE, MIKE 7800 OAKLAND PK BLVD. SUITE 103 GUNRISE FL 33351				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE				11 TITLE ☒ Change ☐ Addition			
NAME PD FUCHS, MARTIN S				12 NAME			
STREET ADDRESS 9811 WESTVIEW DR.				13 STREET ADDRESS 5347 NW 119 TERR.			
CITY-ST-ZIP CORAL SPRINGS FL				14 CITY-ST-ZIP Coral Springs, FL 33076			
TITLE ☐ DELETE				21 TITLE ☒ Change ☐ Addition			
NAME SD FUCHS, LAUREN				22 NAME			
STREET ADDRESS 9811 WESTVIEW DR.				23 STREET ADDRESS 5347 NW 119 TERR.			
CITY-ST-ZIP CORAL SPRINGS FL				24 CITY-ST-ZIP CORAL SPRINGS, FL 33076			
TITLE ☐ DELETE				31 TITLE ☐ Change ☐ Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE ☐ DELETE				41 TITLE ☐ Change ☐ Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE ☐ DELETE				51 TITLE ☐ Change ☐ Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE ☐ DELETE				61 TITLE ☐ Change ☐ Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 in an attachment with an address.

SIGNATURE  

CR2E034 (9/96)