

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L65397 (6)**
1. Corporation Name
SOUTH FLORIDA AUTOMOBILE RESTORATION, INC.



Principal Place of Business: **1450 S. DIXIE HWY. BOCA RATON FL 33732**
Mailing Address: **1450 S. DIXIE HWY. BOCA RATON FL 33732**

3. Date Incorporated or Qualified: **04/13/1990**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0190995**
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

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

9. Name and Address of Current Registered Agent
**SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 SOUTH DIXIE HWY.
BOCA RATON FL 33432**

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 607.0532 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 rains change) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WORRELL, THOMAS E., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FREAKLEY, EDWIN M.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SMITHER, ROBERT M., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KIRMSS, EDDIE	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOODYEAR, KIM	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINTZER, WILLIAM R	
STREET ADDRESS	1450 S. DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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; 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: *William R. Wintzer* WILLIAM R. WINTZER 4/26/96 (407) 358-3298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)