

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

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**Apr 21 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 # 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 33432-7315**

3. Date Incorporated or Qualified <b>04/13/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0190995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

**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
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	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**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 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	

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: *William R. Wintzer* **WILLIAM R. WINTZER** 4/15/97 (561)338-3291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)