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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000062345 (1) DOCUMENT #
1. Corporation Name

FILED Mar 31 1998 8:00am Secretary of State

BRIAN	PESSOLANO AUTO REPA	IR & SERVICE, INC.				
Principal Plac	ce of Business	Mailing Address			((COLOGE) (19 MILL ORILL ORILL ORILL ORILL ORILL ORILL	Sitia arada arrii dinas fini idar
2327 SE NORMAND ST 2327 SE NORMAND ST						
STUART FL 34997 STUART FL 34997					DO NOT WRITE IN THI	S SPACE
•					3. Date Incorporated or Qualified	3 of AOL
					08/24/1994	
2. Principal F	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-0513642	Not Applicable
	ulte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22 City & Stot	27					Fee Required
23 City & Stat	y a State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Countr	·	8. This corporation owes or has paid the c	Added to Fees
24	25	├ ─ `	30	•	Personal Property Tax due June 30.	Yes No .
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	d Agent
	SSOLANO, BRIAN		8.	Name		İ
2327 SE NORMAND ST				Street Ac	Idress (P.O. Box Number is Not Acceptable)	
ST.	UART FL 34997			ļ		
			83	'		
			84	City	F	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutos	the above	ie-named co		
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.						
_	ann ramiliar with, and accept the oblig	gations or, Section 607, 505, From		solan	10 /res, 3-25	50/
SIGNATURE	Sign are, lyped or printed name of registered ag		Registered Ap	ent signature re	quired when reinstaling) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	VD DIRECTORS IN 12
TITLE	D DECCOLANO SDIAN	☐ DELE TE	1.1 TITLE			Change Addition
NAME	PEESOLANO, BRIAN 130 SW BEACHWAY AVE		1.2 NAME			
STREET, ADDRESS	PALM CITY FL		1.3 STREE	T ADDRESS		ļ
CITY-ST-ZIP	1.0		1.4 CITY-	ST-ZIP		L. Change Addition
NAME	PESSOLANO, JEAN M	C DEFFEIR	2.1 TITLE			Change Addition
STREET ADDRESS	130 SW BEACHWAY AVE		2.2 NAME	T ADDRESS		;
CITY-ST-ZIP	PALM CITY FL					
TITLE		DELETE	2. 4 CITY - 3.1 TITLE	or-zir	-	☐ Change ☐ Addition
NAME		-	3.2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE	☐ DELETE 411		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DC-000		ST-ZIP		Change Addition
TITLE	•	ב_ טכנכוב	6.1 TITLE			L Change L Addition
NAME CTREET ADDRESS			6.2 NAME	TADDDESS		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		
	Certify that the information cumplied	with this filing does not qualify for	6.4 CITY-		in Section 119 07/3\(ii) Florida Statutas I further	partify that the information

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 1 19.07(3)(1), Florida Statutes. I further certify that the informatic indicated on this annual report is on 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.