

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

FILED
May 05 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 # P96000010214 (0)
1. Corporation Name
EURO JAP AUTO REPAIR OF PALM BEACH, INC. **NAME CHANGE**
FOREIGN AUTO REPAIR INC. 1-20

Principal Place of Business Mailing Address
7613 BRISTOL BAY LANE LAKE WORTH FL 33467
7613 BRISTOL BAY LANE LAKE WORTH FL 33467-7766



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	12550 Military Trail	26	12550 MILITARY TRAIL	01/29/1996	
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc	4. FEI Number	Applied For
23	Boynton Beach, FL	28	Boynton Beach, FL	65-0716905	Not Applicable
24	33436	29	33436	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Palm Beach	30	Palm Beach	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. Election Campaign Financing Trust Fund Contribution	
SAMMARCO, ERMANNO				<input type="checkbox"/> \$5.00 May Be Added to Fees	
7613 BRISTOL BAY LANE				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
LAKE WORTH FL 33467				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 607.0502 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	ERMANNO SAMMARCO <input type="checkbox"/> DELETE	1.1 TITLE	Josephine Sammarco <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERMANNO SAMMARCO	1.2 NAME	Josephine Sammarco
STREET ADDRESS	7613 BRISTOL BAY LN.	1.3 STREET ADDRESS	7613 Bristol Bay Lane
CITY-ST-ZIP	LAKE WORTH FL. 33467	1.4 CITY-ST-ZIP	Lake Worth, FL, 33467
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900002169529
STREET ADDRESS		6.3 STREET ADDRESS	-05/07/97--01059--054
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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: **ERMANNO SAMMARCO** 04/10/97 (561) 969-7909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)