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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9600030398 (7)

ESQUIRE PERSONAL AUTO SERVICE, INC.

FILED
Jun 05 1997 8:00am
Secretary of State

8484 INDIAN CREEK DRIVE SUITE 209	6484 INDIAN CREEK DRIVE SUITE 209			
MIAMI BEACH FL 83134	MIAMI BEACH FL 33141-5813		3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 140 COLVMBIB CT	26 40 COLU	MBIA CT	45-005 9018	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	1	6. Election Campaign Financing	\$5.00 May Be
23 DESCRIELD BEACH,	128 DEEL FIELD	DEACH	Trust Fund Contribution	Added to Fees
Zip Country 24 33442 25 ACCHARD	z _{ip} 29 33 442 30	Country BROWARD	8. This corporation has liability for in	
24 33442 25 BCCHARD 9. Name and Address of Curre	129 3 3 77 3 130	DEUNIKE	Florida Statutes 10, Name and Address of New Reg	
IONEO OTERNA				
9999 NE 2ND AVENUE			Addross (P.O. Box Number is Not Acceptable)	
SUITE 216		82 Street Add	COL UMBIA	e)
MIAMI SHORES FL 33138		83	Carlon, Ci	· · · · · · · · · · · · · · · · · · ·
		84 City EL	ERFIELD BEACH	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	the above-named cor	rporation submits this statement for the pr	urpose of changing its registered
office or registered agent, or both, in the Stat agent. I am familiar with, and accept the obli	e of Florida. Such change was autl gations at. Section 607,0805. Florid	norized by the corpora ia Statutes	ation's board of directors. I hereby accep	t the appointment as Legistered
SIGNATURE & CICLIA Vin for hulls ALBERT I. LIFSCHULTZ 4/11/97				
Signature, typed or printed name of registered a		egistered Agent signature requ	uired when roinstating)	DATE
12, OFFICERS A	ND EIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE FRESIdeNt	☐ DELETE	1.1 TITLE	,	Change Addition
NAME ALBERT LIFSCHILL	42	1.2 NAME		İ
STREET ADDRESS 40 COLUMBIA CT CITY-ST-ZIP DEEL FIELD SEA		1.3 STREET ADDRESS		İ
CITY-ST-ZIP DEFE FIELD /SEA		1.4 CITY-S1-ZIP		
TITLE Beenetony	☐ DELETE	2.1 TITLE		L. Change L. Addition
NAME Renee' Lifschult	2	2.2 NAME		
STREET ADDRESS YO COLUMN CT	each 12 33442	2.3 STREET ADDRESS		1
	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE NAME	T DETECTE	3.1 TITLE		Change Addition
		3.2 NAME		į
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	☐ DELETE	3.4. CHY-SY-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		C Change C recinion
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY-S1-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	_	6.2 NAME		· · · ·
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		U. OH EH	11.6	

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 by attachment with an address.