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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

36258 U.S. HIGHWAY 19 NORTH

V73591 **DOCUMENT #**

(2)

PERFORMANCE TRANSMISSION AND AUTO REPAIR, INC.

Mailing Address Principal Place of Business

36258 U.S. HIGHWAY 19 NORTH



SUPA ARLE P. CO. SUPE ARLE P. CO. Coty & State:	PALM HARBOR FL 34	PALM HARB	PALM HARBOR FL 34684									
Suit							10/22/1992	lualified				
Suite, April F, cfr. 27 Suite	2. Principal Place of Bus	siness	2a. Mailing Add	dress				1				
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Covy & State Country 26 28 29 30 30 50 50 50 50 50 50	Suite, Apt. #, etc.	F	, ·				5. Certificate of Status De	sired				
28			City & State	e				6. Election Campaign Fin	ancing	<u></u>	\$5.0	May Be
Age Country Zep So Periode Statutes Per	23		28					Trust Fund Contributio	<u> </u>	<u> </u>	Adde	d to Fees
FOUNTAS, JAMES 36258 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 11. Fursuand to the provisions of Sections 607,000 and 607,1508, Florida Statutes the above named corporation submits this statement for the purpose of changing its registered algorit, or both, in this State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered office or registrated algorit, or both, in this State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered office or registrated algorit, or both, in this State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered disport, in the State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered disport, I am State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered disport, I am State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered disport, I am State of Florida Statutes the above named corporation submits this statement for the purpose of changing its registered disport, I am Statement with Julian and accept the appointment as registered disport, I am Statement with Julian and Statement for the purpose of changing its registered disport, I am Statement with Julian and Statement with Julian and Statement for the purpose of changing its registered disport, I am Statement with Julian and Statement for the purpose of changing its registered disport, I am Statement with Julian and Statement for the purpose of changing its registered disport, I am Statement with Julian and Statement for the purpose of changing its registered disport, I am Statement for the purpose of changing its registered disport, I am Statement for the purpose of changing its registered disport, I am Statement for the purpose of changing its registered disport, I am St		Country	Zip		Cour	ıtry		· ·			under s	199.032,
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FOUNTAS, JAMES 38258 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34884	9. Na	ne and Address of Current	t Registered Agen	<u> </u>				10. Name and Address	New He	gistered A	gent	
36258 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections (207.0502) and 607.1506. Forms Statutes, the above named corporation submits this statement for the purpose of diverging its registered office or registrated agency events, in this State of Florids. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am SIGNAT CHE 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICE IS AND DIRECTORS 13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 16. FOUNTAS, JAMES 36258 U.S. HGHWY. 19 N. 13. SIREL ADDRESS 36258 U.S. HGHWY. 19 N. 14. ADITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS IN 12 16. CARONE, MICHAEL B. 36258 U.S. HGHWY. 19 N. 22. ADME 36258 U.S. HGHWY. 19 N. 23. SIREL ADDRESS CARONE, MICHAEL B. 36258 U.S. HGHWY. 19 N. 24. City S. J. Zip 10. Change Addition 10. Chan						B1	Name					
PALM HARBOR FL 34684 84 City FL 85 Zip Code						82	Street Addres	et Address (P.O. Box Number is Not Acceptable)				
Fursional to the provisions of Sections CG7.0502 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 furnish with and except the objections of Section CG7.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am furnish with an except the objection of Section CG7.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, I am furnish with a province of the purpose of changing its registered office or cregistered agent, I am furnish with a province of the purpose of changing its registered office or cregistered agent, I am furnish with a province of the purpose of changing its registered office or cregistered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish board of directors. I hereby accept the appointment as registered agent, I am furnish a provided agent ag												
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64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	STREET ADOLESS 1				9.0 31	INLL	ADDIEGG					

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:

Jim foundas 3-1-96 76-1177