FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 248107 1. Corporation Name

(5)

NOLAN'S GARAGE, INC.

Trouble of the control of the contro						
Principal Place of Business	Mailing Address					
2951 NORTHWEST 27 AVENUE MIAMI FL 33142	2951 NORTHWEST 27 AVENUE MIAMI FL 33142					
Principal Place of Business 1	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

FILED May 22 1996 8:00 am Secretary of State

2951 NORTH MIAMI FL 30	-WEST 27 AVENUE 3142	2951 NORTHWEST 2 MIAMI FL 33142	7 AVENUE			3				
						3. Date Incorporated or Qualified 06/03/1961	3a. Date	of Las 4/11/	•	
2. Principal Pi 21	ace of Business	2a. Mailing Address				4. FEI Number 59-0899943	Applied For			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired	X	\$8.	Not Applicable 75 Additional	
City & State	9	City & State					<i>y</i> -		e Required	
23		28				Election Campaign Financing Trust Fund Contribution		\$5	.00 May Be Ided to Fees	
Zip 24	Country Zip Country 25 29 30				This corporation has liability for intangible tax under s 199.032, Florida Statutes					
······································	Name and Address of Curren					10. Name and Address of New R		Agent		
				81	Name		- giotologi	Ygoric		
MILLER,	, elliot		F;	82	Stroot Adv	dress (P.O. Box Number is Not Acceptab				
	THUR GODFREY RD.				OLEST MOC	areas (-C DOX NUMBER IS NOT Accepted	ы			
STE. 11	-		[1	83			***************************************			
MIAMI E	BCH. FL 33140		- -	84	City			85	Zip Code	
11 Purcupat t	a the produces of Charless 607 Oron	1.000 1500 5					FL			
or registeri familiar wit	ed agent, or both, in the State of Floric th, and accept the obligations of Secti	tano 607,1508, Florida Statu ta. Such change was authori on 607,0505. Florida Statute	tes, the abov zed by the co s	e-n orpo	amed corpo pration's box	oration submits this statement for the pur ard of directors. I hereby accept the appo	pose of cha pintment as	nging it register	s registered office red agent. I am	
SIGNATURE										
12.	Styreture, typed or printed name of registered agont			gent	t signature requir	ed when reinstaling)	DATE			
TITLE	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFI				
NAME	RIVERA, HOLLY M.	[""] NETER	1. 1 1(1)] Chang	e 🔲 Addition	
STREET ADDRESS	7672 VENETIAN STREET		1.2 NAM		ADDRESS					
CITY-SI-ZIP	MIRAMAR FL		1.3 STR		"					
TOLE	VP	[]] DELETE	2 1 7171		21r		Г.] Chang	e	
NAME	MCCLASKEY, SANDRA J		22 NAM	4E				j onang	d [] Aboutin	
STREET ADDRESS	14716 BALGOWAN ROAD		2 3 STRE	EET A	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL		240/19	(- \$T	- ZIP					
TITLE	ST	[]] DELETE	3. 1 TITL	l.E		:] Chang	e 🔲 Addition	
NAME.	MCCLASKEY, DAWN M		3.2 NAV	7 6						
STREET ADDRESS CITY-ST-ZIP	14716 BALGOWAN RD. MIAMI LAKES FL				ADDRESS					
TITLE	MIAMI DANES FL	["] DELETE	3.4 CITY 4 1 TITL		- ZIP					
NAME		Land Words, CC	4.2 NAM				L) Chang	e 🔲 Addition	
STREET ADDRESS					ADDRESS					
CHTY-ST-ZIF			4.4 CITY							
THLF		DELETE	5 11(1)					Change	Addition	
NAME			5.2 NAM	£			-	•		
STREET ADDRESS			53 STRE	ET A	DORESS					
CHY-SI-ZIP		post a constant	5.4 CHY		-ZIP					
TITLE		[] DEFEIE	6 1 TITU					Change	Addition	
NAME STREET ADDRESS			6.2 NAVI							
CITY-SY-ZIP			6.3 STRE							
0111191-711			6.4 C(TY	-ST-	- 7IP					

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 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 arm 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 12 if changed, or on any trachment with an address.

SIGNATURE: