

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Monahan  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

DOCUMENT # **433094**

1. Corporation Name

**AUTO BAKE SYSTEMS, INC.**

1995 MAY -1 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2940 NW 17TH TERRACE  
OAKLAND PARK, FL 33311**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**1973**

3a. Date of Last Report  
**1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

**59-1456854**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**DOROTHY D'ADDARIO  
910 SEA SAGE DRIVE  
DELRAY BEACH, FL 33444**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	<b>PRESIDENT NICHOLAS D'ADDARIO</b>
STREET ADDRESS	<b>2940 NW 17TH TERRACE</b>
CITY - ST - ZIP	<b>OAKLAND PARK, FL 33311</b>
TITLE	<b>VICE PRESIDENT</b>
NAME	<b>DOROTHY D'ADDARIO</b>
STREET ADDRESS	<b>2940 NW 17TH TERRACE</b>
CITY - ST - ZIP	<b>OAKLAND PARK, FL 33311</b>
TITLE	<b>SECRETARY</b>
NAME	<b>STEVEN D'ADDARIO</b>
STREET ADDRESS	<b>2940 NW 17TH TERRACE</b>
CITY - ST - ZIP	<b>OAKLAND PARK, FL 33311</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>800001492358</b>
2.3 STREET ADDRESS	<b>-05/17/95--01172--025</b>
2.4 CITY - ST - ZIP	<b>****200.00 ****200.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>200</b>
6.3 STREET ADDRESS	<b>5-1-95</b>
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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: **Steven D'Addario** Steven D'ADDARIO **4-28-95 305-7357417**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR