

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **434640** (9)
1. Corporation Name
ECONO AUTO PAINTING OF DADE COUNTY, INC



Principal Place of Business Mailing Address
2011 N.E. 154 STREET **2011 N.E. 154 STREET**
NORTH MIAMI BEACH FL 33162 **NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **09/07/1973** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-1482354** Applied For Not Applicable
5. Certificate of Status Des red ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JEFFRIES, GARY W
2011 NE 154TH ST
NORTH MIAMI BEACH FL 33162
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 _____ DATE _____
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when being changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, GARY	1.2 NAME	
STREET ADDRESS	2011 NE 154 STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BCH FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, IRENE	2.2 NAME	
STREET ADDRESS	2011 NE 154 STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BCH FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, GREG	3.2 NAME	
STREET ADDRESS	2011 NE 154 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BCH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, LISA	4.2 NAME	
STREET ADDRESS	2011 NE 154 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	4.4 CITY - ST - ZIP	
TITLE	Jeffries, Scott	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	you NE 154th Street	5.2 NAME	
STREET ADDRESS	North Miami Beach Fl.	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 am an officer or director of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)