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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 441289

AUTO RADIATOR REPAIR COMPANY

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Mailing Address MANA ANTIL OTRECT

FILED Apr 21 1997 8:00am Secretary of State

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SARASOTA FL		SARASOTA FL 34237	-2806				
					3. Date Incorporated or Qualified 12/05/1973	3a. Date of Las 05/01/1996	
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number		Applied For
21		26			59-1548276		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	5.		5. Certificate of Status Desired		5 Additional
22		27				 	Required
City & State	Ө	City & State			6. Election Campaign Financing		OO May Be
23	1 0	28	Country		Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	у	This corporation has liability for in Florida Statutes	ntangible tax und∈] Yes □ No	er s. 199.032,
24	25	29 of Current Registered Agent	30		10. Name and Address of New Reg	· · · · · · · · · · · · · · · · · · ·	
COL		or content registered Agent	81	Name	10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	eb, robert p Main St. Ste 705			l			
	TAL DRAWER 4275		82	Street Add	dress (P.O. Box Number is Not Acceptab	e)	ļ
	ASOTA FL 34230		83				
SAR	MOUIN FL 34230		ļ				
			84	City		FL 85 Z	Pip Code
office or r	registered agent, or both, in	ns 607.0502 and 607.1508, Florida on the State of Florida. Such change at the obligations of, Section 607.050	was authorized b	ly the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changin t the appointment	g its registered as registered
SIGNATURE	Slonature, typed or printed page of	registered agent and title if applicable	(NOTE Registered Ag	ent signature reg	lired when reinstating)	DATE	
12.		ICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	PTD	☐ DELE1	TE 1.1 TOTLE	T		☐ Chan	ge Addition
NAME .	FETT, ROBERT M		1.2 NAME				
STREET ADDRESS	1380 FOX CREEK DR	IVE	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	ST-ZIP			
TITLE	SVD	☐ DELÉ1	TE 2.1 TITLE			☐ Chan	ge 🔲 Addition
NAME	FETT, KATHLEEN B.		2.2 NAME				
STREET ADDRESS	1380 FOX CREEK DR	IVE	2.3 STREE	T ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-	ST-ZIP			
TITLE	D	☐ DELET	TÉ 3.1 TITLE			Chan	ge 🔲 Addition
NAME	PETT, KATHLEEN B.		3.2 NAME				
STREET ADDRESS	1380 FOX CREEK DR	HVE	3.3 STREE	1 ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-	· ST - ZIP			
TITLE		DELET	TE 4.1 TITLE			Chan	ge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CiTY -	ST-ZIP			
TITLE		DELET	TE 5.1 TITLE			☐ Chan	ge
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-\$1-ZIP			5.4 CITY-	S1 - ZiP			
TITLE		☐ DELE1	TE 6.1 TITLE			Chan	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-\$1-ZIP	<u> </u>		6.4 CITY-	ST-ZIP			

14. 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 an attachment with an address.