

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # 463410

(1)

MAY -1 AM 9:44

MILLENS FOREIGN CAR SERVICE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office in Florida		Mailing Address		EXPIRATION DATE OF THIS REPORT	
6810 PEMBROKE ROAD MIRAMAR FL 33023		6810 PEMBROKE ROAD MIRAMAR FL 33023		3. Date the report filed or qualified 11/13/1974	3a. Date of Last Report 05/01/1994
2. Principal Office in Florida	2a. Mailing Address	4. FID Number 59-1562567	Applied For Not Applicable		
21. State Apt. #	26. State Apt. #	5. Certificate of Status (Domestic)	\$8.75 Additional Fee Required		
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
23. City & State	28. City & State	8. Have you ever been convicted of a felony involving Florida Statutes	☒ Yes ☐ No		
24. City & State	25. City & State	29. City & State	30. City & State		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent									
SCHLICHTE, RAY A., JR. 2134 HOLLYWOOD BLVD. HOLLYWOOD FL 33020		<table border="1"> <tr> <td>81. Name</td> <td>85. State</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. Zip</td> <td></td> </tr> </table>		81. Name	85. State	82. Street Address (P.O. Box Number is Not Acceptable)	FL	83. City		84. Zip	
81. Name	85. State										
82. Street Address (P.O. Box Number is Not Acceptable)	FL										
83. City											
84. Zip											

11. I, the undersigned, being a resident of this State and being the duly qualified and duly appointed agent for the purpose of filing this report, do hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause me to believe that the information contained herein is not true and correct to the best of my knowledge and belief.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD MILLEN, FRANCIS S 2901 W BAHAMA DRIVE MIRAMAR FL ST	NAME	☐ Change ☐ Addition
ADDRESS	2901 W. BAHAMA DRIVE MIRAMAR FL	NAME	☐ Change ☐ Addition
NAME	MILLEN, ESTELLE	NAME	☐ Change ☐ Addition
ADDRESS	2901 W. BAHAMA DRIVE MIRAMAR FL	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
ADDRESS		NAME	☐ Change ☐ Addition

14. I, the undersigned, being a resident of this State and being the duly qualified and duly appointed agent for the purpose of filing this report, do hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that I am not aware of any information which would cause me to believe that the information contained herein is not true and correct to the best of my knowledge and belief.

SIGNATURE: *Estelle M. Milles*
MILLEN, ESTELLE M.
4/5/95 305-961-5173