FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 481075 (0)

1. Corporation Name
AUTO REPAIR CERTIFIED SERVICE, INC.

Principal Place of Business	Mailing Address
3119 SOUTH DIXIE HIGHWAY DELRAY BEACH FL 33483-3256	3119 SOUTH DIXIE HIGHWAY DELRAY BEACH FL 33483-3256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1975
3a. Date of Last Report: 08/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1651896 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WITTERS, CURTIS
1870 FOREST HILL BLVD STE 230
W PALM BCH, FL
33406

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, BARBARA J.	1.2 NAME	
STREET ADDRESS	2506 S.W. 10 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, ELWOOD O.	2.2 NAME	
STREET ADDRESS	2506 S.W. 10 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	AV	3.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, LARRY	3.2 NAME	
STREET ADDRESS	2506 SW 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	STEINMETZ, STEVEN	4.2 NAME	
STREET ADDRESS	1 CHESTER CT	4.3 STREET ADDRESS	5605 Columbus Rd.
CITY-ST-ZIP	GREEN ACRES, FL 00000	4.4 CITY-ST-ZIP	West Palm Beach Fl 33405
TITLE	AS	5.1 TITLE	☒ Change ☐ Addition
NAME	STEINMETZ, CHERYL	5.2 NAME	
STREET ADDRESS	1 CHESTER COURT	5.3 STREET ADDRESS	5605 Columbus Rd
CITY-ST-ZIP	GREEN ACRES FL	5.4 CITY-ST-ZIP	West Palm Beach Fl 33405
TITLE		6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Cheryl A. Steinmetz - Cheryl A Steinmetz 4-28-95 407-272-8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0277133 CP