

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 481075

1. Corporation Name

AUTO REPAIR CERTIFIED SERVICE, INC.

Principal Place of Business

Mailing Address

3119 SOUTH DIXIE HIGHWAY
DELRAY BEACH FL 33483-3256

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DELRAY BEACH FL 33483-3256

FILED

99 JAN -7 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1975

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STEINMETZ, JENNIFER~~
~~1120 S. F STREET~~
~~LAKE WORTH FL 33460~~

81 Name

LEWIS W. CURRIER III

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

5801 N.W. 87TH WAY

83 City

TAMARAC

FL

85 Zip Code

33321

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

Lewis W. Currier III

LEWIS W. CURRIER III 1-5-99

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

TITLE PD ☒ DELETE
NAME JORDAN, ELWOOD O
STREET ADDRESS 5605 COLUMBUS ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME NICHOLAS MORINO
1.3 STREET ADDRESS 379 N.W. 35TH PLACE
1.4 CITY-ST-ZIP BOCA RATON FL 33431

TITLE ST ☒ DELETE
NAME JORDAN, BARBARA J
STREET ADDRESS 5605 COLUMBUS ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE V. PRESIDENT ☒ Change ☐ Addition
2.2 NAME FRANCISCO CALDERON
2.3 STREET ADDRESS 8028 BOCA RIO DR.
2.4 CITY-ST-ZIP BOCA RATON FL

TITLE AV ☒ DELETE
NAME JORDAN, LARRY E
STREET ADDRESS ROUTE 1 BOX 3
CITY-ST-ZIP ROBINVILLE NC 28771

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME STEINMETZ, STEVEN
STREET ADDRESS 5605 COLUMBUS ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 400002747234-5
4.3 STREET ADDRESS -01/20/99-01016-019
4.4 CITY-ST-ZIP *****158.75 *****158.75

TITLE AS ☒ DELETE
NAME STEINMETZ, CHERYL
STREET ADDRESS 5605 COLUMBUS ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Nicholas Morino NICHOLAS MORINO 1-5-99 561-272-8761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0360778

CR2E034 (1/198)