

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **489829**

(2)

1. Corporation Name

**HAROLD SHAFFER'S AUTO PARTS AIR-COND. SERVICE, I
NC.**

Principal Place of Business

**4120 NW 135TH ST.
BAYS A&B
OPA-LOCKA FL 33054**

Mailing Address

**4120 NW 135TH ST.
BAYS A&B
OPA-LOCKA FL 33054**

FILED
Sep 11 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1975

4. FEI Number

59-1688994

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**SHAFFER, HAROLD
4120 NW 135TH ST.
OPA-LOCKA FL 33054**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAFFER, HAROLD	
STREET ADDRESS	3731 NW 171ST STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHAFFER, MARI JEAN	
STREET ADDRESS	3731 N.W. 171ST STREET	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHAFFER, PAUL J	
STREET ADDRESS	6960 NW 186TH ST. #327	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000002637720
-09/11/98--01093--001
*****150.00**

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.

SIGNATURE:

Harold Shaffer

8/28/98

CR2E034 (5/98)

2
LESLIE E. DOLIN PA, CPA

11645 BISCAYNE BOULEVARD SUITE 306C
NORTH MIAMI, FL 33181

Phone 305-893-4333
Fax 305-891-3320

August 27, 1998

Division Of Corporations
Attn.: Annual Reports
P.O. Box 6327
Tallahassee, FL 32314

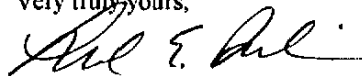
Re: Harold Shaffers Auto Air Conditioning Service Inc.
4120 NW 135 St.
Opa Locka, FL 33054
Document No. 489829

Dear Sirs,

Enclosed please find a check payable to Department Of State in the amount of \$150.00 representing the corporations annual renewal fee for 1998. You will note that this form is being filed with the second mailing of the annual report whereby a fee including penalties of \$550.00 is required. Will you kindly waive this penalty as the corporation did not receive the original mailing of the report, therefore making this the first notice that was received re the annual renewal.

Your consideration and cooperation in this matter is greatly appreciated.

Very truly yours,


LESLIE E. DOLIN, CPA