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

May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)**516865** ANDERSON'S AUTO SERVICES, INC. Principal Place of Business Mailing Address 2816 CORAL SHORES DR 2816 CORAL SHORES DR FT. LAUDERDALE FL 33306-1256 FT. LAUDERDALF FL 33306-1256 DO NO MUTE IN THIS SPACE 3. Date incorporated or 10/21/1976 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 16-2183229 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Added to Fees Trust Fund Contrib 23 28 Country purrent year Intangible Ζıp Country Zip This corporation owe Personal Property Tax 0 Yes ☐ No 25 29 30 24 10. Name and Address of No 9. Name and Address of Current Registered Agent lgent Name ANDERSON, CARL L. JR. 2816 CORAL SHORES DR Street Address (P.O. Box Number is Not Accept FT. LAUDERDALE FL 33306 Zip Code City 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 it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1 1 TITLE TITLE ANDERSON, CARL L. JR. 12 NAME NAME 2816 CORAL SHORES DR STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 2.1 TITLE TITLE ANDERSON, SUSAN L. 2.2 NAME NAME 2816 CORAL SHORES DR 2.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITE F 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME MAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

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