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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

STEPHEN J'S AUTO REPAIR, INC.

 Mailing Address	
320 N.E. 44TH STREET	

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		[
320 N.E. 44TH STREET 320 N.E. 44TH STREET										
OAKLAND PARK FL 33334			OAKLAND PARK FL 33334							
						DO NOT WRITE IN THIS	SPACE			
						 Date Incorporated or Qualified 12/15/1976 				
9 Principal P	face of Business	2a, Mailing Address				4. FEI Number		Applied For		
21		26				59-1715351	⊢ +	Not Applicable		
Suite, Apt. #, etc		Suite, Apl. #, etc.						Additional		
22		27	——————————————————————————————————————			5. Certificate of Status Desired	Fee	Required		
City & State		City & State				6. Election Campaign Financing	\$5.0	May Be		
23		28				Trust Fund Contribution	Adde	d to Fees		
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the c				
24	25	29	30			Personal Property Tax due June 30.		∐ No		
	9. Name and Address of Curr	ent Registered Agent		1		10. Name and Address of New Registered	Agent			
	lzman, stephen			81	Name					
320 N.E. 44TH STREET				82	Street Add	reet Address (P.O. Box Number is Not Acceptable)				
OA	OAKLAND PARK FL 33334									
				83						
	•			84	City		. 85 Zi	p Code		
					,	F				
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Such chance	Statutes, the a	above	-named cor	rporation submits this statement for the purpose	of changing	j its registered as registered		
agent. La	ingistered agent, or both, in the Sta am familiar with, and accept the obli	igations of, Section 607.050	05, Florida Sta	atutes	3.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	, p =	·- · · · · · · · · · · · · · · · · ·		
SIGNATURE										
	Signature, typicd or printed name of legistered r				ent signature requ	uired when reinstating) DATE	ID DIDECT	ODC IN 10		
12.		ND DIRECTORS DELET	13.		- · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	OD DIRECTO			
TITLE	PD DEFENSE	ULLE:		TITLE			L Ondrig			
NAME	ADAPA OLIMOTOPANA AND									
STREET ADDRESS	10452 SUNSTREAM LANE		and the second		ADDRESS					
CITY - ST - ZiP	BOCA RATON FL	☐ DELET		CITY - S	IT- ZIP		Chang	e Addition		
TIFLE	VPS	☐ NETE		TITLE				C		
NAME	HOLZMAN, VALERIE			NAME						
STREET ADDRESS	1042 SUNSTREAM LANE				ADDRESS					
CITY-ST-ZIP	BOCA RATON FL	DELET		CITY-S	ST-ZIP	11.00	Chanp	e Addition		
TITLE		L.J DELET		TITLE			C Cuarty	, LI ROUNDII		
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-S1-ZIP		T print		CITY-S	ST-ZIP		Chang	e Addition		
TITLE	Ì	DELET		TITLE	1					
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZII'		T DELET		CHTY-S	ST - ZIP		Chang	e Addition		
TITLE		L DECE		TITLE				C FT MORROW		
NAME				NAME						
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP				CITY - S	ST- ZIP		Chang	e [] Addition		
TIFLE		☐ DELET		TITLE			∟ unang	a FT VORIOU		
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP			64	CITY-S		- Castian 410 02/2V/) Florido Statutos I further	aartifu that	the intermetion		

I hereby cortify 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 changes on an attachment with an oddress.