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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

T. Corporation	S AUTO & TRUCK CLINIC,	` '			
555 N.E. 28TH COURT POMPANO BEACH FL 33064		555 N.E. 28TH COURT POMPANO BEACH FL 33084-5443			
				3. Date Incorporated or Qualified 03/04/1977	3a, Date of Last Report 01/25/1996
— <u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 59-1320261	Applied For
21 Suite Apt.	#. etc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>[28]</b>	Country	Trust Fund Contribution  8. This corporation has liability for int	Added to Fees
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Regi	stered Agent
	es, donald r		81 Name		
	1 EAST OAKLAND PARK BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable	)
	TE 400		83		
rı.	LAUDERDALE FL 33306				
			84 City		FL 85 Zip Code
11. Pursuant office or r agent Ta	to the provisions of Sections 607.05 registered agent, or both, in the Stat At faint ar willi, and accept the obli	502 and 607 1508, Florida Stat to of Florida Such change wa galloge of, Section 607,0505,	utes, the above-named corps authorized by the corpora forida Statutes.	poration submits this statement for the purition's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE	Stignature (prof. in profiled names of registerion &	Brown /	RES JEROM. OTE: Flegistered Agent signalure requ	E W. BROWN PRES 2	7 34 / 77
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TOTAL	NO/	☐ DELFTE	1.1 TITLE		☐ Change ☐ Addition
NAME:	BROWN, JEROME J.		1.2 NAME		
STREET ADDRESS	8342 N.W. 2 MANOR		1.3 STREET ADDRESS		
City - St - ZiP	CORAL SPRINGS FL	- Division	1.4 CITY-ST-ZIP		[] Observed [] Addition
70115	ST Brown, Geraldine	☐ DELETE	21 TITLE		L_ Change L_ Addition
NAVE	8342 N.W. 2 MANOR		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY: \$1-7IP	CORAL SPRINGS FL		2 4 CITY+ST-ZIP		
Tille	D	DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BROWN, GERALDINE		32 NAME		
STREET ADDRESS	8342 N.W. 2 MANOR		3 3 STREET ADDRESS		
CITY - S1 - ZIP	CORAL SPRINGS FL		3.4. CITY-SY-ZIP		
TITLE	VP	DELETE	4.1 TITLE		Change Addition
NAME	STORRS, JOYCE L		4. 2 NAME		
STREET ADDRESS	8444 SHADOW COURT		4.3 STREET ADDRESS		
DilY-ST-ZP	CORAL SPRINGS FL	Floores	4.4 CITY - ST - ZIP	, , , , , , , , , , , , , , , , , , , ,	C Ohore C Agencia
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME Oversia de person		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIF THLE		DELETE	: 5.4 CITY - S1 - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		C) Mill	6.2 NAME		
SIREEL ADORESS			6.3 STREET ADDRESS		

14. I do 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 decitive 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: