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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BUNCHE PARK AUTO & TRUCK REPAIRS, INC.

Principal Place of Business

THE PROPERTY OF THE PROPERTY O

1

Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



16290 N.W. 27TH AVENUE Miami Fl 33054			16290 N.W. 27TH AVENUE MIAMI FL 33054				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 04/01/1977	
2. Principal Place of Business			2a, Mailing Address 26				4. FEI Number Applied For 59-1776367 Not Applied by Applied For Not Applied Fo	le
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	
City & State			City & State			,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	٦
Zip 4	Country 25	Zip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	╗	
4 25 29 30 9, Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent	\dashv
J	OHNSON, GRADY				81	Name		
	6290 NW 27TH AVENUE IIAMI FL 33054				82	Street A	Address (P.O. Box Number is Not Acceptable)	┪
					83			٦
					64	City	FL 85 Zip Code	
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	Land blic d	Jenricable (NOT)	F Registers	vi Ana	ol eignet re	required when reinstating) DATE	-
12.	OFFICERS AND				n erginala o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	7	
TITLE	PD DELETE			1.1 T	1.1 TITLE		☐ Change ☐ Addition	ıΠ İ
KAME	JOHNSON, GRADY			1 2 N	AME			-
STREET ADDRESS	16290 N.W. 27TH AVENUE MIAMI FL 33054					ADDAESS		
CITY-ST-ZIP Title	S S		DELETE	_	ITY-S	r-ziP	Change Addition	<u>, </u>
NAME	JOHNSON, SHEILA				2.1 TITLE 2.2 NAME		to the state of th	"
STREET ADORESS	16290 N.W. 27TH AVENUE				2.3 STREET ADDRESS			
CHTY-ST-ZIP	MIAMI FL 33054				CITY-S	1		- 1
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NAME				5.2 N	AME	Į		
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NAME				6.2 N		1000000		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				5.4 C	ITY - \$1	I-ZIP	<u></u>	- 1

14. Thereby 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 suppliemental 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 altachment with an address

SIGNATURE: