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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 534178

(9)

BROADWAY AUTO BODY & SERVICE CENTER, INC.

Principal Place of Business Mailing Address **2041 20TH STREET** 2041 20TH STREET SARASOTA FL 34234 SARASOTA FL 34234 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1977 01/05/1996 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 59-1377623 21 26 Not Applicable Suite, Apt. #, etc. Suite, Act. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SHERR, S. SY Street Address (P.O. Box Number is Not Acceptable) 523 S. WASHINGTON BLVD. SARASOTA FL 34236 City 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (IvOTE: Registered Agent signature required when reinstating) Signature, typical or printed name of registere diagont and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE THILE ☐ Change ☐ Addition 1. 1 TITLE MANCHESTER, FOREST F NAME 1.2 NAME **2041 20TH STREET** SPECIAL ADDRESS 13 STREET ADDRESS SARASOTA FL 34234 CHY-ST-ZIF 1.4 CITY-ST-ZIP DELETE TII_f ☐ Change ☐ Addition 2 1 TIFLE NAM! 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 24 CHY-ST-ZIP □ DELE1E I-11F 3.1 TITLE Change Addition NAMI 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY - ST - ZIP DELETE THEF 4 1 TITLE ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4.4 CITY - \$T - ZIP DELETE 11116 5 1 TITLE ☐ Chance Addition NAM 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 0:11-51-79 5 4 CITY - ST - ZIP □ DELETE 6 1 TITLE Change ☐ Addition NAM 62 NAME

14. I do herety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 directly 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 12 of chapter 4 or the corporation of the corporati

63 STREET ADDRESS 64 CITY - ST- ZIP

SIGNATURE:

STREET ADDRESS

2 19139664582

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Secretary of State

Feb 23 1996 8:00 am