FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	996		D'. 7	Secretary of State DIVISION OF CORPORATIONS			,			
DOCUM 1. Corporation	1ENT#	539631	(2)							
•	n car repa	IR. INC.						sana del man de det		
		,								
Principal Place of	of Business		Mailing Address					1181 QIBN 01911	7 (11 11 11 11 11 11 11	INDIA NEKNIKA DANNI
2501 NW 1ST	AVENUE	2501 NW 1ST AVENUE								
BOCA RATON FL 33431			BOCA RATON FL 33431			Date Incorporated or Qualified				
							07/19/1977		01/199	
2. Principal Plac	ce of Business		2a. Mailing Address				4. FEI Number		<u> </u>	polied For
21		26				59-1778010			lot Applicable Additional	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		+	tequired	
City & State		City & State				6. Election Campaign Financing			May Be	
23			28				Trust Fund Contribution 8. This corporation has liability for			to Fees
Zip		ountry	Z ₁ p	30 Cou	ntry			Intangible tax	unuers	155.002,
24	9 Name and A	ddress of Current	t Registered Agent	1301			10. Name and Address of New F	legistered A	gent	
					81	Name				
BILLETER	R, MARGRIT C		82 Street A			ess (P.O. Box Number is Not Acceptat	ole)			
1333 SW	/ 13TH DRIVE		83							
BOCA R	ATON 33486									
1					City		FL	85 Zip	Code	
11. Pursuant to	o the provisions of	Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	v e -r	named corpor	ration submits this statement for the pu	rpose of cha-	nging its re	egistered office
or registere	ed agent, or both, h, and accept the	in the State of Floric obligations of, Secti	da. Such change was authoriz ion 607.0505, Florida Statute	zed by the o s.	orp	oration's boar	ration submits this statement for the purify of directors. Thereby accept the app	Orionent as	egister e u	agoric ram
SIGNATURE								DATE		
	Signature, typed or printe	d name of registered agent OFFICERS AND		OTE Registered	Ager	nt signature requirer	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	PT	OFFICE NO AND	DELETE	1.17	ITLE				Change	☐ Addition
NAME	BILLETER, R	OLF W		1.2 N	AME					
STREET ADDRESS	1333 SW 13			1.3 S	TREET	r address				
CITY-ST-ZIP	BOCA RATO	N FL				ST-ZIP		r	Change	Addition
TITLE	VS.	L DODIT O	☐ DELETE	2 1 1				L	J Chiga	
NAME	BILLETER, M 1333 SW 13			22 N		T ADDRESS				
STREET ADDRESS	BOCA RATO					ST-ZIP				
CITY-ST-ZIP TITLE	DOON TINIC	74.16	☐ DELETE	3.17					Change	Addition
NAME				32 N	AME					
STREET ADDRESS				33 5	STREE	T ADDRESS				
CITY-ST-ZIF			FT DE FIE			ST-ZIP		<u>-</u>	Change	☐ Addition
TITLE			DELETE	4.1				L	_ Change	
NAME					AME	r address				
STREFT ADDRESS						ST-ZIP				
CITY-ST-ZIP TITLE	 		DELETE	5 1				[Change	☐ Addition
NAME			_	5.2 1	IAME					
STREET ADDRESS				5.3 5	TREE	T ADDRESS				
CITY-ST-ZIP						ST - ZIP		r	Change	Addition
TITLE			☐ DELETE		TITLE	1		ι	Change	☐ Addition
NAME					IAME					
STREET ADDRESS	1			■ 6.3 5	HLE	T ADDRESS				

6 4 CITY - ST - ZIP

14. I do hereby 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 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 certify that the man 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 attachment with an address. SIGNATURE: Mary C. Tylle Se SIGNING OFFICER OF DIRECTOR

STREET ADDRESS

4-4-96 Date

Daytime Phone #

CR2E034 (12/95)