

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 552389 (9)

1. Corporation Name

A-1 AUTO PLACE, INC.

Principal Place of Business

1480 S POMPANO PARKWAY
POMPANO BEACH FL 33069

Mailing Address

1480 S POMPANO PARKWAY
POMPANO BEACH FL 33069



3. Date Incorporated or Qualified
12/02/1977

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1772671

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROMAS, MOSHE
2215 S.W. 12TH PL.
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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 and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TS
NAME REOVEN SARAH
STREET ADDRESS 1968 NY 86 TERRACE
CITY-STATE-ZIP CORAL SPRINGS FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE PD
NAME REOVEN, SAM
STREET ADDRESS 1968 NW 86 CT
CITY-STATE-ZIP CORAL SPRINGS FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE VP
NAME MOSHE, ROMAS
STREET ADDRESS 2215 S.W. 12TH PL.
CITY-STATE-ZIP BOCA RATON FL

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMANTH REOVEN

2-2-96

954-9732090

Date

Digitized Phone #

CR2E034 (12/95)