

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 561641 (2)

1. Corporation Name

COVENTRY AUTO WORKS, INC.



Principal Place of Business

Mailing Address

217 N W FIRST AVE
FT LAUDERDALE FL 33301
US

209 NW FIRST AVE
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified 03/09/1978	3a. Date of Last Report 08/14/1995
4. FEI Number 59-1812838	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 SAME Suite, Apt #, etc.	2a. Mailing Address 26 SAME Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

DEAN, JAMES T
209 N W FIRST AVE
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 of officer, director, or registered agent, or both, if applicable.

(NOTE: Registered Agent signature required when not a director.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	NAME
STREET ADDRESS	DEAN, JAMES T.	12 NAME	DEAN, JAMES T.
CITY - ST - ZIP	337 NW FIRST AVE FT. LAUDERDALE FL	13 STREET ADDRESS	209 N W FIRST AVE.
		14 CITY - ST - ZIP	FT. LAUDERDALE FL 33301
TITLE	NAME	21 TITLE	NAME
STREET ADDRESS		22 NAME	
CITY - ST - ZIP		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE	NAME
STREET ADDRESS		32 NAME	
CITY - ST - ZIP		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE	NAME
STREET ADDRESS		42 NAME	
CITY - ST - ZIP		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	NAME
STREET ADDRESS		52 NAME	
CITY - ST - ZIP		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	NAME
STREET ADDRESS		62 NAME	
CITY - ST - ZIP		63 STREET ADDRESS	
		64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

209 N W FIRST AVE 524-8277
FT. LAUDERDALE FL 33301

CR2E034 (3/96)