FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # 564132 (9)

1. Corporation Name

MUFFLEX OF BROWARD, INC.

Principal Place of Business	Mailing Address
1011 IVES DAIRY RD., STE. 208 NORTH MIAMI BEACH FL 33179	1011 IVES DAIRY RD., STE. 208 NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: 12/05/1977
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2600 S State Rd 7
22: Suite, Apt. #, etc.
23: City & State: Miramar FL
24: Zip: 33023
25: Country: Broward

2a. Mailing Address
26: 2600 S State Rd 7
27: Suite, Apt. #, etc.
28: City & State: Miramar FL
29: Zip: 33023
30: Country: Broward

4. FEI Number: 59-1795064 ☐ 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

9. Name and Address of Current Registered Agent

GIULIANI BLACKWELL , LISA
1615 N. 29 COURT
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2035 SW Oakwater Pointe
83: Palm City
84 City: FL
85 Zip Code: [redacted]3490

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable / Date / Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	GIULIANI, ROBERT		1.2 NAME		
STREET ADDRESS	4420 SW LAUREL OAKS TERR.		1.3 STREET ADDRESS	2602 Racket Club Drive	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	V	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	GIULIANI, SUSAN		2.2 NAME		
STREET ADDRESS	4420 SW LAUREL OAKS TERR.		2.3 STREET ADDRESS	2602 Racket Club Drive	
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	S	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	GIULIANI BLACKWELL , LISA		3.2 NAME		
STREET ADDRESS	1615 N. 29TH COURT		3.3 STREET ADDRESS	2035 SW Oakwater Pointe	
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE	T	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	BLACKWELL, KEVIN R		4.2 NAME		
STREET ADDRESS	1615 N. 29TH COURT		4.3 STREET ADDRESS	2035 SW Oakwater Pointe	
CITY-ST-ZIP	HOLLYWOOD FL 33070		4.4 CITY-ST-ZIP	Palm City FL 34990	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 if changed or added on an attachment with an address.

SIGNATURE: Lisa Blackwell 6/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 95 6/17/96