

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 564132 (9)

1. Corporation Name
MUFFLEX OF BROWARD, INC.

Principal Place of Business

Mailing Address

2600 S. STATE RD 7
MIRAMIR FL 33023

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MIRAMIR FL 33023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/05/1977	
4. FEI Number 59-1795064		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIULIANI BLACKWELL, LISA
2035 SW OAKWATER POINTE
PALM CITY FL 33490

81 Name **SUSAN GIULIANI**
82 Street Address (P.O. Box Number is Not Acceptable) **2602 S.W. RACQUET CLUB DRIVE**
83
84 City **PALM CITY, FL** **85 Zip Code** **33490**

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 *Susan Giuliani* **SUSAN GIULIANI** **04-21-98**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIULIANI, ROBERT		1.2 NAME		
STREET ADDRESS	2802 RACKET CLUB DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIULIANI, SUSAN		2.2 NAME		
STREET ADDRESS	2802 RACKET CLUB DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIULIANI BLACKWELL, LISA		3.2 NAME		
STREET ADDRESS	2035 SW OAKWATER POINTE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, KEVIN R		4.2 NAME		
STREET ADDRESS	2035 SW OAKWATER POINTE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE *[Signature]* **04-21-98** **FL 33490**

CR2E034 (10/97)