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

## PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

## FILED Feb 16 1998 8:00am Secretary of State

DOCUMENT # 564199 (8)ACCIDENT RECONSTRUCTION ANALYSTS, INC. Principal Place of Business Mailing Address 7701 SW 1777H ST 7701 SW 177TH ST PO BOX 570430 PO BOX 570430 DO NOT WRITE IN THIS SPACE MIAMI FL 33157 MIAM! FL 33157 3. Date Incorporated or Qualified 12/06/1977 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 59-1786368 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28  $\overline{Z}_{\rm ID}$ Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name FOGARTY, ZODY 7701 SW 177TH ST Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33157 83 84 City Zip Code 85 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 (NCITE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE TITLE 1.1 TITLE ☐ Change \_\_\_ Addition FOGARTY, ZORAIDA 1.2 NAME NAME 7701 SW 177TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition VSh DELETE Change TITLE 21 TITLE FOGARTY, ZORAIDA NAME 2.2 NAME 7701 SW 177TH ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition Change 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change \_\_ Addition 5.1 TITLE TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 trusted empowered to oxegote this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only attachment with an address.

SIGNATURE:

SHALLY AND WILD OR PRINTED HAMEN SIGNING OFFICE FOR DIRECTOR

2-9-98 305-233:5681

R2F034 (10,97)