

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 # 683733 (0)
1. Corporation Name

DANIA AUTOMOTIVE SUPPLY, INC

Principal Place of Business 250 S. FED. HWY. C/OHERSCHEL KILLION DANIA FL330044	Mailing Address 250 S.FED HWY. C/O HERSCHEL KILLION DANIA FL 33004-4005
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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 10/03/1980 4. FEI Number 59-2036075 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No
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9. Name and Address of Current Registered Agent

KILLION, HERSCHEL
140 S.W. 96TH TERR
PLATATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 filer (applicable)

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEINER, HADASSA	1.2 NAME	
STREET ADDRESS	9826 MARINA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL))))	1.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, EDDIE	2.2 NAME	
STREET ADDRESS	6810 MCCLELLAN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	DPS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KILLION, HERSCHEL	3.2 NAME	
STREET ADDRESS	140 S.W. 96TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

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: X *H. Killion*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-98 954-923-8287

CR2E034 (10/97)