


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

FILED

Jan 26 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 # **F18499** (6)

1. Corporation Name

BILLY SMITH'S WHEEL ALINEMENT & BRAKES, INC.

Principal Place of Business

615 N DIXIE HWY
WEST PALM BEACH FL 33401

Mailing Address

615 N DIXIE HWY
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1981

4. FEI Number

59-2061118

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

SMITH, BILLY E
615 N DIXIE HWY
WEST PALM BEACH FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, WILLIAM M.	
STREET ADDRESS	615 N. DIXIE HWY.	
CITY - ST - ZIP	WEST PALM BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, BILLY E.	
STREET ADDRESS	615 N DIXIE HWY	
CITY - ST - ZIP	WEST PALM BEACH FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ESPEGO/SMITH, PATRICIA	
STREET ADDRESS	31 BALFOUR RD W	
CITY - ST - ZIP	PALM BEACH GARDENS FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, ELLEN M.	
STREET ADDRESS	615 N DIXIE HWY	
CITY - ST - ZIP	WEST PALM BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	WILLIAM M. SMITH 615 N. DIXIE HWY
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL,

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA ESPEGO/SMITH
3.3 STREET ADDRESS	31 BALFOUR ROAD WEST
3.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

ELLEN M. SMITH

SIGNATURE:

Ellen M. Smith

1/13/98-561 689-7490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0307696

CR2E034 (10/97)