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

FILED Apr 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **POCUMENT #**Corporation Name (1) F92892 KEN'S V W REPAIR INC. Principal Place of Business Mailing Address 10632 SW 185 TERRACE 10632 SW 185 TERRACE MIAMI FL 33157 MIAMI FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1982 2. Principal Place of Business 2a. Mailing Address Applied For 59-2219046 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζip Country This corporation owes or has paid the current year Intangible Yes □ No 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 81 Name NAPOLITANO, KENNETH D. 352 MAHOGANY DR. 82 Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 84 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinst ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change ☐ Addition 1.1 TITLE TITLE NAPOLITANO, KENNETH D. NAME 1.2 NAME CRZE034 352 MAHOGANY DR. STREET ADDRESS 1.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME NAPOLITANO, PATRICIA 2.2 NAME STREET ADDRESS 352 MAHOGANY DR. 2.3 STREET ADDRESS KEY LARGO FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TrTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADORESS 34 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CiTY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TOTLE Change Addition

6.2 NAME

19 【外科(1993)

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE: 0

14. I hereby certify that the inform indicated on this annual report officer or director of the corp. Block 12 or Block 13 if chaffle

NAME

STREET ADDRESS

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an off empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. 20/98 305-253-2715