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

**PROFIT CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	JAL REPORT 1997	<b>17</b> 7	Scoretary of State DIVISION OF COHPORATIONS			Secretary of State		
	MENT # G09220 SOOT & SADDLE REPAIR, I	\					<u> </u>	
Principal Place of Business  * MARY E. DARBRO  4468 S.W. 64TH AVENUE  DAVIE FL 33314		Mailing Address % MARY E. DARBRO 4488 S.W. 64TH AVENUE DAVIE FL 33314-3438						
						3. Date Incorporated or Qualified 11/22/1982	3a. Date of Last Re 02/05/1996	eport
2. Principal Pi	ace of Business	26. Mailing Address 26				4. FEI Number 59-2253620	<del>  </del>	plied For of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75 A	
City & State	9	Cily & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Zip 24				B. This corporation has liability for in angible tax under s. 199.032  Florida Statutes Yes \[ \] No  19. Name and Address of New Registered Agent				
	IBRO, MARY E. B S.W. 64TH AVENUE		L	_	Name Street Add	ess (P.O. Box Number is Not Acceptab		
	1E FL 33314		Ĺ	83		ess (P.O. box number is not Acceptab		
			[	84	City		85 Zip (	Code
11. Pursuant to office or reagent. Las	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblig Mary.	02 and 607.1508, Florida Statute e of Florida Such change was au pations of, Section 607.0505, Flor	the ab thorized ida Statu	ove by tales.	named corp he corporat	ooration submits this statement for the priori's board of directors. I hereby accep	urpose of changing it the appointment as	s registered registered
	Signature, typed or area of name of registered ag		Hegistered	Agent	signature requi			
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	DARBRO, MICHELLE D						C Gridings	
STREET ADDRESS	DAME EL COCCO				DDRESS			
CITY-ST-ZIP TITLE				Y-SI-	ZIP		Change	. Addition
NAME	DARBRO, MARY E						Change	F Notwon
STREET ADDRESS	4400 004 0470 437				DDRESS			
CITY-ST-ZIP	DAVIE, FL 00000				ZIP			
TITLE			3.1 TIT		ļ		Change	L Addition
NAME Street address			32 NAI		DDRESS			
CITY-ST-ZIP			34.01					
TITLE		☐ DELETE	4 1 111				☐ Change	Addition
NAME			4. 2 NA	MF	Ì			
STREET ADDRESS			4.3 STF	KELL A	DURESS			
CITY-ST-ZIP		L De lette	4.4 CIT		· ZIF:			TT Garage
TITLE		DELETE	5.1 311		ļ		Change	Addition
NAME STREET ADDRESS			5.2 NAI 5.3 STE		DDRESS			
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	6 1 TIT				☐ Change	Addit on
NAME			6.2 NA	ΜĒ				
STREET ADDRESS			63 ST	REET A	DDRES\$			
CITY-ST-ZIP			6.4 CH	Y - ST-	- 7IP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, 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 eath, 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

4-26-97 954-587-7437

**FILED** 

May 13 1997 8:00am