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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(4)

Principal Plac	RDALE GARAGE, INC.	Mailing Address			
7736 NW 44TH ST. SUNRISE FL 33351		C/O EISEN 8990 NW 62 AV TAMAKA FL 33321360		DO NOT WRITE IN THIS	SPACE
		US		3. Date Incorporated or Qualified	
O. Dringing II	None of Flucinose	Da Maillea Address		12/30/1982 4. FEI Number	· · · · · · · · · · · · · · · · · · ·
Principal Place of Business Section		2a. Mailing Address		59-2247588	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z(p)	Country	8. This corporation owes or has paid the cu	
24	25 9, Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
CA	RPER, DON	ent negratored Agent	B1 Name	10. Hamb and Address of Herr Hogistorea	Agont
7736 NW 44 STREET				(DO D	
SUNRISE FL 33351			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
[83		
			84 City		85 Zip Code
		100 1007 1000 5		FL	- []
office or r	to the provisions of Sections 697.0 regi st ered agent, or both, in the Sta	502 and 607.1508, Florida Statutes He of Florida. Such change was au	s, the above-named corp athorized by the corporati	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap-	of changing its registered cointment as registered
agent la	im familiar with, and accept the ob	rigations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature, typed or printed name of registered	Sport and title if nephradile (NOTE:	Registered Agent signature require	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CARPER, RICHARD		1.2 NAME		
STREET ADDRESS	7736 NW 44TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351	DELETE	1.4 CITY - ST - ZIP		The same of the same of
TITLE	CARPER, DON	DELETE	21 THTLE		Change Addition
NAME STREET ADDRESS	7736 NW 44 STREET		2.2 NAME		
CITY-ST-ZIP	SUNRISE FL 33351		2.3 STREET ADDRESS 2. 4 City - St - Zip		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		-
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			. 3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		J
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ DELĒTĒ	5.1 TITLE 5.2 NAME		Change Addition
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.

May 11 1998 8:00am

Secretary of State