

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G35712** (0)

1. Corporation Name

KOVAC AUTOMOTIVE OF FLORIDA, INC.



Principal Place of Business

**4320 SOUTHWEST 64TH AVENUE
DAVIE FL 33314**

Mailing Address

**4320 SOUTHWEST 64TH AVENUE
DAVIE FL 33314**

3. Date Incorporated or Qualified

04/26/1983

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **2770 DAVIE ROAD**

26 **2770 DAVIE ROAD**

4. FEI Number

65-0055092

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **DAVIE, FL**

28 **DAVIE, FL**

Zip

Country

Zip

Country

24 **33314**

25 **USA**

29 **33314**

30 **USA**

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRACHER, LESLIE
6363 NW 6TH WAY STE 420
FT LAUDERDALE FL 33309**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
KOVAC, HARVEY P**
STREET ADDRESS **4320 SOUTHWEST 64TH AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME **VD
KOVAC, JOSEPH**
STREET ADDRESS **4320 SOUTHWEST 64TH AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME **DS
KOVAC, JOAN H.**
STREET ADDRESS **4320 SOUTHWEST 64TH AVE**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

2770 DAVIE ROAD

☒ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

H.P. Kovac **H.P. KOVAC, PRES.**

4/30/96

954-792-7357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)