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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State 1997 DOCUMENT # G62970 (0)AMERICAN AUTO SERVICE, INC. Principal Place of Business Mailing Address 8096 N.W. 67TH ST. 8096 N.W. 67TH ST. % GLEN SCHWANEBECK % GLEN SCHWANEBECK MIAMI FL 33166-2730 MIAMI FL 33166-2730 3. Date Incorporated or Qualified 3a. Date of Last Report 09/27/1983 04/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2339014 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 23 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🛄 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHWANEBECK GLEN 8096 N.W. 67TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 83 84 City 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 Fiorida. 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 Synance, typen or princed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change 1.1 TITLE HILF PD NAME SCHWANEBECK, GLEN 12 NAME 13121 SW 14 PL STREET ADDRESS 1.3 STREET ADDRESS DAVIE FL 33325 1.4 CITY - ST - ZIP CITY-ST DELETE Change Addition THE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-\$1-ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Addition TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY-\$1-7(2) DELETE Change Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

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. 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 for on an attachment with an address.

64 CITY-ST-ZIP

CITY-ST-7/P

GLEN SCHWANGBOCK

FILED

Jan 31 1997 8:00am

(96/6)