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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H17197

(5)

PARDNERS' RESTORATION & REFINISHING, INC.

Principal Place of Business

Mailing Address

**FILED** 

Apr 14 1997 8:00am

Secretary of State

	TTIO N.E. BIH AVE.  FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-2107				
	( )			3. Date Incorporated or Qualified 08/20/1984	3a. Date of Last Report 02/27/1996
21 /6 31	Place of Businoss, And	18 28. Mailing Addyss Q	M9-31	4. FET Number 59-2436543	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	(M) X	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 POM	paro BEAC	AS City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 7	3060 ZE CC	Zip 29	Country 30		Yes 🔲 No
9. Name and Address of Current Registered Agent  JO ANNE WENGER  81 Name				10. Name and Address of New Registered Agent	
111	O N.E. 8TH AVE. LAUDERDALE FL 33304		82 Strect   83   84 City	Adylergy & Box nonportal Not My costal	(a) (a) (b) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a
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. Lamfantlian with, and accept the polygations of Section 607,550s, Figrida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and talk it applicable. (No11: Registered Agent signature required when reinstating)  DA1:					
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP .	DELETE	1.1 TITLE	sar Carto	Change Addition
NAME	WENGER, JOE		1.2 NAME	1/3/500790	408
STREET ADDRESS	1110 N.E. 8TH AVE.		: 1.3 STREET ADDRESS	BALLAGIO ACL	\ \frac{\sum_{\color}}{\sqrt{\color}} \right
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP	1 Offgio Don	
TITLE	DM MUITE OVAITULA	DEFETE.	2.1 TITLE	2 Rolle	☐ Change ☐ Addition
NAME	WHITE, CYNTHIA 1110 N.E. 8TH AVE.		22 NAME	162(64) 7/1	Reve /
STREET ADDRESS	FT. LAUDERDALE FL		2.3 STREET ADDRESS	WE GO WAND I	8471
CITY-ST-ZIP TITLE	DST	DELETE	2 4 C(1 Y - S1 - Z)P 3.1 T(1).E	3000	Z Plange Addition
NAME	WENGER, JO ANNE	L. J DECTE	3.2 NAME	1/3/ 5/1/2	49/0525
STREET ADDRESS	1110 N.E. 8TH AVE		3.3 STREET ADDRESS	1600	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY - ST - ZIP	POMIANO 130	n
TITLE		DELE1E	4.17016		Change Addition
NAME			4. 2 NAME		·
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CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREFT ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		☐ DELETE	6.1 1111.6		Change Addition
NAME			6.2 NAM(		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 copylination 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 will an address.