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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUMENT # H808<br>. Corporation Name  | 320 (4)  | •  |  | l   |  |  |
|--|--|--|--|---|--|--|
| HI TECH AUTO WORKS, INC.   |  |  |  |   |  |  |
| Principal Place of Business  | Mailing Address  |  |  | -{  | I IIAII BAR UUU B                          | 1841 31844 81411 91944 91944 1881  |
| 5215 GEORGIA AVENUE<br>WEST PALM BEACH FL 33405  | 5215 GEORGIA AV  | 5215 GEORGIA AVENUE<br>WEST PALM BEACH FL 33405  |  |   |  |  |
|  |  |  |  | 3. Date Incorporated or Qualif<br>10/15/1985                                  |  | ite of Last Report<br>02/20/1995   |
| . Principal Place of Business  | 2a. Mailing Address  |  |  | 4. FEI Number 59-2594933  |  | Applied For Not Applicable   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc   |  | ···-   | 5. Certificate of Status Desire   | d 🔼  | \$8.75 Additional  |
| City & State   | 27 City & State  |  |  | 6. Election Campaign Financia   | ng _                                       | Fee Required<br>\$5.00 May Be  |
| City & State   | 28   |  |  | Trust Fund Contribution   |  | Added to Fees  |
| Zip Country  | Zıp  | Counti<br>30   | ry   | 8. This corporation has liability Florida Statutes                            | y for intangible<br>res \[ \] No           | tax under \$ 199.032,  |
| 9. Name and Address of Cu  |  |  |  | 10. Name and Address of N   | lew Registere                              | d Agent  |
| T. C. W. 1 6 7 6 1   |  | 8  |  |   |  |  |
| Blouin, Loris I.<br>7546 Hazelwood Cir.  |  | 8  | Street Addr  | ress (P.O. Box Number is Not Aco  | eptable)                                   |  |
| LAKE WORTH FL 33467  |  | 8  | 3  |   |  |  |
|  |  | 8  | 4 City   |   | F  | 85 Zip Code  |
| Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of familiar with, and accept the obligations of.   | 0502 and 607.1508, Florida S<br>Florida Such change was autl<br>Section 607.0505, Florida Stal                                 |  |  | ration submits this statement for the<br>rd of directors. I hereby accept the | 20 D 150000 Of 5                           | banaina ite registered offi  |
| or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE  Signature typed or printed name of registered  2. OFFICERS  P   | Florida Such change was auti<br>Section 607.0505, Florida Stal   | tatutes, the above horized by the coluttes.  NOTE Registered A.  1.1 TITLE   | e-named corpor<br>rporation's boa<br>gont signature require  | ra or airectors. Thereby accept the   | ne purpose of c<br>e appointment :<br>DATE | shanging its registered offi<br>as registered agent. I am  |
| or registered agent, or both, in the State of familiar with, and accept the obligations of SIGNATURE  Signature Typied or printed name of registered Process  2. OFFICERS  P  BLOUIN, LORIS I.   | Florida Such change was auti<br>Section 607.0505, Florida Stal<br>agent and bite if applicable<br>AND DIRECTORS                | tatutes, the above horized by the colutes.  NOTE Registered A.  1.1 TITL  1.2 NAM  | e-named corpor<br>rporation's boa<br>gont signature require  | ard of directors. Thereby accept the  | ne purpose of c<br>e appointment :<br>DATE | changing its registered offi<br>as registered agent. I am  |
| or registered agent, or both, in the State of familiar with, and accept the obligations of, SIGNATURE  Signature Typed or printed name of registered  2. OFFICERS  P   | Florida Such change was aut Section 607.0505, Florida Stal agent and title if applicable S AND DIRECTORS                       | tatutes, the above horized by the colutes.  (NOTE: Registered A;  1.1 TITL  1.2 NAM  1.3 STRE  1.4 City  | e-named corpor<br>rporation's boa<br>port signature require<br>.E<br>.E<br>.E<br>.EET ADDRESS<br>(-ST-ZIP  | ard of directors. Thereby accept the  | ne purpose of c<br>e appointment :<br>DATE | changing its registered offices registered agent. I am  ND DIRECTORS IN 12  Change Addition  |
| or registered agent, or both, in the State of familiar with, and accept the obligations of State of Familiar with, and accept the obligations of State of Post | Florida Such change was auti<br>Section 607.0505, Florida Stal<br>agent and bite if applicable<br>AND DIRECTORS                | tatutes, the above horized by the column tutes.  NOTE Registered As 1.1 TITL 12 NAM 1.3 STRICT 14 CITY 2.1 TITL 22 NAM   | port signature require  E  E  E  F  F  F  F  F  F  F  F  F  F  | ard of directors. Thereby accept the  | ne purpose of c<br>e appointment :<br>DATE | changing its registered offi<br>as registered agent. I am  |
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SIGNATURE:

NTEO NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)