FILENOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT " CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # J04150

(5)

HANK'S RADIATOR SERVICE INC. OF POMPANO BEACH

Principal Place of Business Mailing Address 800 6 DIXIE HWY WEST 900 S DIXIE HWY WEST POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-8223 3. Date Incorporated or Qualified 3a. Date of Last Report 03/14/1986 04/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-2785595 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tay under s. 199,032, 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registere 81 Name GOODWIEN, HENRY L., JR. 1651 N CYPRESS RD 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 83

84 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 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, typod or printed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DITTE Change Addition 1.1 THUE NAME **GÖ**ODWIEN, HENRY L., JR. 1.2 NAME STREET ADDRESS 1651 N CYPRESS RD -1.3 STHEET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ TITLE Change 2.1 TITLE Addition GOODWIEN, BETTY NAME 2.2 NAME STREET ADDRESS 1651 N CYPRESS RD 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 1/11/18 Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - ZIP TITLE . DUETE 4.1 THLE Change ___ Addition NAME ... 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITÝ - ST-ZIP DELETE Change Addition 51 Title NAME : 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - \$1 - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

I be 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 eath; 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.

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6.4 CITY - ST - ZIP

FILED

Apr 23 1997 8:00am

Secretary of State