FILED
Mar 19 1998 8:00am
Secretary of State

				Mortlam	317(12	Mar 19 1998 8:00an
ANNUAL REPORT			Secretary of Sta			Secretary of State
	1998	DIES DI	IVISION OF CO	RPOFIC	ONS	Secretary of State
	MENT # J0731 AUTO SERVICE, INC.	8	(5)			E ADEGNE ONE OPNE ENGLE HARD HERE HON DIGHT WITH DIGHT BIRN DIGHT BIRN
Principal Plac	e of Business	Mailing Add	ress			t sankte atte aeret ranne tilan troot fatt brûtt brûtt brûtt brûtt ûndi kûst
2006 NE 154TH ST. N. MIAMI BEACH FL 33162 - 60 74 N. MIAMI BEACH FL 33162 - 60					•	DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
9 Orientasi D		T 85 - 17 10 - 1				04/02/1986
2. Principal P	lace of Business		2e. Mailing Address			4. FEI Number Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			59-2662206 Not Applicable \$8.75 Additional
22		27	•			5. Certificate of Status Desired Fee Required
City & State	9	City & St	ate			Election Campaign Financing \$5.00 May Be
Z ip	Country	7ip		Country		Trust Fund Contribution
24	25	29	30	٦ .		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			<u>, </u>		10. Name and Address of New Registered Agent
SC	HAEFER, KENNETH			81	Name	е
	08 NE 154TH ST.	_		82	Street /	et Address (P.O. Box Number is Not Acceptable)
N.	MIAMI BEACH FL 33162 - 6 o	, 24		83		
				83		
				84	City	EI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607.1508, F	lorida Statutes,	the above	-named	ad corporation submits this statement for the purpose of changing its registered
office or r agent 1 a	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such c igations of, Section (hange was aut 307 0505, Floric	horized by da Statutes	the corp	ed corporation submits this statement for the purpose of changing its registered or
SIGNATURE						
12.	Signature, typed or printed name of registered a	agent and title if applicable. IND DIRECTORS	(NOTE: P	Registered Ager	nt signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICENS A		DELETE	1.1 TITLE		Change Addition
NAME	SCHAEFER, KENNETH	•		1.2 NAME		- Change - Accident
STREET ADDRESS	2006 NE 154TH ST.			1.3 STREET ADDRESS		3
CITY-ST-ZIP	N. MIAMI BEACH FL 33162-6024			1.4 CITY - ST	r-ZIP	
TITLE			DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				23 STREET		5
CITY-ST-ZIP TITLE			DELETE	2 4 CITY-S 3 1 TITLE	T-ZIP	☐ Change ☐ Addition
NAME		_	,	3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	3
CITY-ST-ZIP				3.4. CITY-S	T-21P	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADORESS				4.3 STREET		'
CITY-ST-ZIP TITLE	DELETE		4.4 City -ST-ZIP 5.1 THTM		☐ Change ☐ Addition	
NAME		<u> </u>	· -	5.2 NA		Li vienge Li reculon
STREET ADDRESS					ADDRESS	;
CITY-ST-ZIP					-ZIP	
TITLE			DELETE	6.1 Ti		Change Addition
NAME				6.2 N		

14. I hereby certify that the information supplied with this filing does not qualify for the exe biton stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and hat 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 the 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:

STREET ADDRESS

CITY-ST-ZIP

FILE NOW: FILING FEE AFTER MAY 1ST IS \$5

FLORIDA DEPARTMENT

PROFIT

1CENWETH SCHAEFER PARS 1-12-98 BOST 949-9209

ADDRESS