4-2-97 B 3913 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J41591** (5)

1. Corporation Name
JACOB'S GARAGE, INC.

Principal Place of Business
9890 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address
9890 PINES BLVD
PEMBROKE PINES FL 33024-6141

3. Date Incorporated or Qualified: 11/07/1986
3a. Date of Last Report: 03/29/1996
4. FEI Number: 59-2742362 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [✓] $5.00 May Be Added to Fees
8. This corporation has a liability for intangible tax under s. 199.032 Florida Statutes [✓] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip | County
24 | 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip | Country
29 | 30

9. Name and Address of Current Registered Agent
SARKHOVITCH, JACOB
3701 OTTAWA LANE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL. 85 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 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	[ ] Delete	[ ] Change [ ] Addition
NAME	SARKHOVITCH, JACOB		
STREET ADDRESS	3701 OTTAWA LANE		
CITY-ST-ZIP	PEMBROKE PINES FL		
TITLE	V	[ ] Delete	[ ] Change [ ] Addition
NAME	SARKHOVITCH, RACHEL		
STREET ADDRESS	3701 OTTAWA LANE		
CITY-ST-ZIP	COOPER CITY FL		
TITLE		[ ] Delete	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Delete	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Delete	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		[ ] Delete	[ ] Change [ ] Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (9/96)

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 report or supplemental 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Paul D Sallbroth X 3-29-97 954-433-2060

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PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J41591 (5)

Name
B'S GARAGE, INC.

Principal Place of Business	Mailing Address
BLVD PINES FL 33024	9890 PINES BLVD PEMBROKE PINES FL 33024-6141

3. Date Incorporated or Qualified: **11/07/1986**
3a. Date of Last Report: **03/29/1996**

Principal Place of Business — 2a. Mailing Address (26)
Apt. #, etc. — Suite, Apt. #, etc. (27)
& State — City & State (28)
Country (25) — Zip (29) — Country (30)

4. FEI Number: **59-2742362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SARKHOVITCH, JACOB
9701 OTTAWA LANE
COOPER CITY FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
DP SARKHOVITCH, JACOB 9701 OTTAWA LANE PEMBROKE PINES FL			
	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
V SARKHOVITCH, RACHEL 9701 OTTAWA LANE COOPER CITY FL			
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: X Rachel Sarkhovitch X 3 29 97 954-437-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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1997

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Sandra B. Mortham
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DIVISION OF CORPORATIONS

DOCUMENT # J41591 **(5)**

1. Corporation Name
JACOB'S GARAGE, INC.

Principal Place of Business	Mailing Address
9690 PINES BLVD PEMBROKE PINES FL 33024	9690 PINES BLVD PEMBROKE PINES FL 33024-6141

3. Date Incorporated or Qualified: **11/07/1986**
3a. Date of Last Report: **03/29/1996**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **59-2742362** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SARKHOVITCH, JACOB 3701 OTTAWA LANE COOPER CITY FL 33026	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 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.

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TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARKHOVITCH, JACOB	1.2 NAME	
STREET ADDRESS	3701 OTTAWA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SARKHOVITCH, RACHEL	2.2 NAME	
STREET ADDRESS	3701 OTTAWA LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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SIGNATURE: X Rachel Sarkhovitch X 3 29 97 954-437-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #