

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

FILED

May 16 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 # J45681

(0)

1. Corporation Name

MR. AUTOMOTIVE, INC.

Principal Place of Business

750 W KING ST.
COCOA FL 32822

Mailing Address

750 W KING ST.
COCOA FL 32822-8610

3. Date Incorporated or Qualified
11/26/1986

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

21 750 W. KING ST.

2a. Mailing Address

26 750 W. KING ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 COCOA FL

City & State

28 COCOA FL

Zip

24 32922

Country

25 USA

Zip

29 32922

Country

30 USA

4. FEI Number

59-2790336

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

KRAMER, SANFORD H.
12000 BISCAYNE BLVD.
SUITE 203
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

SANFORD H KRAMER

82 Street Address (P.O. Box Number is Not Acceptable)

12000 BISCAYNE BLVD.

83

SUITE 203

84

CITY NORTH MIAMI

FL

85

Zip Code

33181

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRYAN, STEPHEN KIM	
STREET ADDRESS	870 NEW HAMPTON WAY	
CITY - ST - ZIP	MERRIT ISLAND FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BRYAN, MICHAEL CHARLES	
STREET ADDRESS	1336 ESTRIDGE DRIVE	
CITY - ST - ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, SANFORD H.	
STREET ADDRESS	12000 BISCAYNE BLVD.	
CITY - ST - ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Michael Charles Bryan MICHAEL CHARLES BRYAN 4-30-97 407-631-7148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0102200

CR2E034 (9/96)