FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

S. BRIAN LENZ 730 CAPE CORAL PRWY CAPE COR	 Corporation 	AUTO SERVICE CENTER	- (-)							
2. Principal Place of Business 2a. Mailing Address 2a. Mailing	% BRIAN LENZ 739 CAPE CORAL PKWY 739 CAPE CORAL PKWY									
Suite, Apt. #, etc. Since Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Since Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Since Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Since Suite, Apt. #, etc. Suite, Apt.			one contract to	~,			3. Date Incorporated or Qualified 06/30/1987			
Suite, Apt. #, etc. Suite, Apt. #, etc.) ·	ace of Business	<u> </u>							Applied For
City & State Ci							60.75			Not Applicable
26 27 Country 27 Country 27 Country 30 Truel Front Contribution Added to Feel 28 29 30 Truel Front Contribution Added to Feel 29 30 Front Statutes Wes No. No. Statutes Wes No. No. Statutes Wes No. No. No. Statutes Wes No.			27				5. Certificate of Status Desired			
Zip Country Zip Country Zip Country String corporation has tability for intangible tax under s 190.032	:3		 				, ,			
LENZ, BRIAN 739 CAPE CORAL PKWY CAPE CORAL FL 33904 84 Oity		25	29	<u> </u>	ntry					
LENZ, BRIAN 739 CAPE CORAL FL 33904 82 Street Address (P.O. Box Number is Not Acceptable) 83 All City		9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered Age	nt.	
T39 CAPE CORAL PKWY CAPE CORAL FL 33904 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. It is significant to the provisions of, Section 607.0506, Florida Statutes SIGNATURE Signature, hypot or prises rame of registered agent and time if approach PNOTE Registered Agent signature registered agent. It is significant and store if approach PNOTE Registered Agent agent when rendating to the appointment as registered agent. It is significant agent	LENZ. B	I FN7 RRIAN			81 Na	me				
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 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 state the colligations of, Section 607,0506, Florida Statutes. SIGNATURE Signature, hybrid or printed name of implications and active 4 accidable MOTE Registered Agent ag	739 CAPE CORAL PKWY			ſ	82 Street Addr		ss (P.O. Box Number is Not Acceptab	le)		
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familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature: Signature:	44 (0.000)									
SIGNATURE Signature, typed or printed name of lingsteered agent and the if approaches NOTE Registered Agent signature required when nendating) DATE					ve-name orporatio	d corpora in's board	tion submits this statement for the purple of directors. I hereby accept the appoint	pose of changi	ng its re	gistered office
12.	TENTING THE	i, and accept the obligations or, Se	ction 607.0505, Florida Statutes	S.			, , , , , , , , , , , , , , , , , , , ,			-5
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1REEL ADDRESS 6.3 STREET ADDRESS				6.3 STR	EET ADDRES	SS				
6.4 CiTY-ST-ZIP 4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. I further certify that the information indicated on this agruel report or supplemental possible and does not qualify for the exemption stated in Section 1.19.07(3)(k), Florida Statutes. I further certify that the information indicated on this agruel report or supplemental possible and the section 1.19.07(3)(k).		certify that the information supplied	with this filing is unlantarily form	64 CITY	-ST-ZIP	Suplif : f-	***	7/0.01		

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. 941 549 8084 BRIAN LENZ 4-20-96

SIGNATURE

CR2E034 (12/95)