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

Profit CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name J92718

CUSTOM AUTO RESTORATION SYSTEMS. INC.

Principal Place of Business Mailing Address 479 INTERSTATE CT. 479 INTERSTATE CT. SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1987 2a. Mailing Address Applied For 2. Principal Place of Business 4. FEI Number Not Applicable 65-0013445 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name WYATT, JERRY R 4902 HIDDEN OAKS TRAIL Street Address (P.O. Box Number is Not Acceptable) **B2** Saraŝota fl 34232 В3 84 City Zip Code 85 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 titic if applicable (NOTE: Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE WYATT, JERRY R. 1.2 NAME NAME **4902 HIDDEN OAKS TRAIL** 1.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE WYATT, ROBERT J. 2.2 NAME NAME 2400 BUCIDA DRIVE. 2.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE **ZUCKER, MICHAEL** NAME 3.2 NAME STREET ADDRESS **5037 WILLOW LEAF WAY** 3.3 STREET ADDRESS **SARASOTA FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIF ■ Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME

FILED May 19 1998 8:00am Secretary of State



Change

941-378-1193

Addition

6.4 CITY-ST-ZIP 14. Thereby 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 occurate 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 of the receiver or trustee/empowerer 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 the address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME