

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K14694

(9)

1. Corporation Name

ALAN LEE AUTO BODY, INC.



Principal Place of Business

9909 SW 221 TERRACE
MIAMI FL 33190

Mailing Address

9909 SW 221 TERRACE
MIAMI FL 33190

3. Date Incorporated or Qualified
02/12/1988

3a. Date of Last Report
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21 10375 SW 187 St
Suite, Apt. #, etc.

26 10375 SW 187 St
Suite, Apt. #, etc.

4. FEI Number

65-0031599

Applied For

Not Applicable

22 City & State

MIAMI FL

27 City & State

MIAMI FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip 33157

Country

Dade

29 Zip 33157

Country

Dade

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

9. Name and Address of Current Registered Agent

LIPSKY, ALAN LEE
8955 SW 93 COURT
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name

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

9321 SW 140th Street

83

84 City Miami

FL

85 Zip Code 33176

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

1.1 TITLE ☐ DELETE

NAME LIPSKY, ALAN LEE
STREET ADDRESS 9909 SW 221 TERR
CITY-ST-ZIP MIAMI FL

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.9 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10375 SW 187 Street
MIAMI, FL 33157

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Date

305 255-6150

Daytime Phone #

CR2E034 (12/95)