

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 # **K34363** (7)

1. Corporation Name

BOB'S AUTOMOTIVE SERVICE OF SUNRISE, INC.



Principal Place of Business

**10346 NW 55TH ST.
SUNRISE FL 33351**

Mailing Address

**10346 NW 55TH ST.
SUNRISE FL 33351**

2. Principal Place of Business

21 **10480 NW 50 ST**

Suite, Apt. #, etc.

22

City & State

Sunrise FL

Zip Country

33351

Country

2a. Mailing Address

26 **10480 NW 50 ST**

Suite, Apt. #, etc.

27

City & State

Sunrise FL

Zip Country

33351

Country

3. Date Incorporated or Qualified

09/21/1988

3a. Date of Last Report

03/20/1995

4. FLE Number

65-0072673

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

**BARRIS, PHILIP JOHN
4363 N.W. 51ST CT
COCONUT CREEK FL 33073**

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

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

(NOTE: Registered Agent signature required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE VS ☐ DELETE

NAME **BARRIS, PHILIP JOHN**

STREET ADDRESS **10346 NW 55TH ST.**

CITY, ST, ZIP **SUNRISE FL**

TITLE PT ☐ DELETE

NAME **SHULTZ, ROBERT**

STREET ADDRESS **10346 NW 55TH ST.**

CITY, ST, ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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

10480 NW 50 ST

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

10480 NW 50 ST

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

4-2-96 954-741-0020

CR2E034 (12/95)