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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # K53584

RALLY AUTO SERVICE, INC.

(4)

 Mailing Address	•
3804 DESOTO BLVD.	

FILED May 01 1997 8:00am Secretary of State



3804 DESOTO BLVD. PALM HARBOR FL 34683		3804 DESOTO BLVD. PALM HARBOR FL 34883-1618				
					3. Date Incorporated or Qualified 12/16/1988	3a. Date of Last Report 05/01/1996
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0091455	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Count 30	ry	8. This corporation has liability for in Florida Statutes	ritangible tax under s. 199.032, Yes 🎇 No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	Istered Agent
SCA	lla, james		8	1 Name		}
	4 DESOTO BLVD. M HARBOR FL 34683		В	2 Street Add	ress (P.O. Box Number is Not Acceptab	ıe)
, TAG	III HANDON I E OTOGO		В	3		
			8	4 City		FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida St e of Florida, Such change w	atutes, the abo as authorized l	ve-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	X \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
12.	Signature, type to Aprilled name of registered ag	ID DIRECTORS	NOTE Registered A	.gont signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	D OFFICERS AN	DELETE	1.1 THE		ADDITIONS/GHANGES TO GITTE	Change Addition
NAME	SCALA, JAMES		1,2 NAM			
STREET ADDRESS	619 12TH AVE., EAST			ET ADDRESS		
CITY+ST-ZIP	NEW PORT RICHEY FL		1.4 CHY			
TITLE	D	DELETE	2.1 TOTLE			Change Addition
NAME	BIERWEILER, VIVIAN		2.2 NAM	E		
STREET ADDRESS	820 HILLSIDE DR.		2.3 STRE	FT ADORESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		2 4 CHTY	- ST - 7IP	· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	3.1 TOTLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADORESS		
CITY-ST-ZIP			3.4. City	-S1-ZIP		
TITLE		☐ DELETE	4.1 11ftE			Change Addition
NAME			4 2 NAM	NE		
STREET ADDRESS			4.3 STRE	E1 ADDRESS		
CITY-ST-ZIP			4.4 CHY			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	F		
STREET ADDRESS			5.3 STRE	F1 ADDRESS		
CITY-ST-ZIP			5.4 CHY			
TITLE		☐ DELETE	6 1 Till E			Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STR€	E1 ADDRESS		
CITY-ST-ZIP			64 CITY	- ST - ZiP		!

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.