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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K81430

(6)

PALM MOTOR CENTERING.

480 S. MILITARY TRAIL	480 S. MILITARY TRAIL					
Principal Place of Business	Mailing Address					
Them motor vertering.						

## **FILED** Apr 24 1997 8:00am Secretary of State

480 S. MILITARY TRAIL 480 S. I		Mailing Address 480 S. MILITARY TRAIL WEST PALM BEACH FL 3							
						<ol> <li>Date Incorporated or Qualified 04/17/1989</li> </ol>		Date of Last R 3/20/1996	leport
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		<del></del>	oplied For
21		26				65-0115423		J - 4	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	*******			5. Certificate of Status Desired		\$8.75	Additional equired
City & Stat	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	<del>                                     </del>	intry	•	8. This corporation has liability for			199.032,
24	[25]	29	30					∐ No	
	9. Name and Address of Current	Hegistered Agent	<del></del>	81	Name	10. Name and Address of New R	agiaterec	Agent	
	RCURIO, THOMAS D.			81	Name				
	S. MILITARY TRAIL			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
WE	ST PALM BEACH FL 33415			83					
				"					
				64	City		FI	85 Zip (	Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	lee the s	201/6	a named corr	poration submits this statement for the			e registered
office or r	egiste ed abont, or both, in the State of	Florida Such change was	authorize	d by	the corporal	poration submits this statement for the tion's board of directors. I hereby acce	pulpose i	pointment as	registered
	in familiar with, and accept the obliga	Ans of, Section 607.0505, FI	orida Stat	utes	Dorc	$\alpha$	L- 1	0.0-	<b>`</b>
SIGNATURE:	Styriature, typed or printed name of registered agen	(NO:	E Begistere	U 1 Ann	of signature requir	red when reinstating)	DATE	9, 9	<u>/</u>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI		ID DIRECTOR	RS IN 12
TITLE	PST	☐ DELETE	1.1 Ti	TLE	<u> </u>			Change	Addition
NAME	MERCURIO, THOMAS DEAN		1.2 N	<b>IME</b>					
STREET ADDRESS	2008 OKEECHOBEE BLVD		1.3 \$1	AEET	address				
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 Cf	TY- \$1	Y-ZIP				
TITLE	D	DELETE	21 TI	TLE				Change	■ Addition
NAME	MERCURIO, THOMAS DEAN		22 N	ME					
STREET ADDRESS	2008 OKEECHOBEE BLVD		2.3 S1	AEET	ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL		2.40	ity-s	ST-ZIP				
THLE	VD	☐ DELETE	3.1 Ti	ľL€	T -			Change	Addition
NAME	MERCURIO, PETER		3.2 N/	ME					
STREET ADDRESS	2008 OKEECHOBEE BLVD		3.3 \$1	REET	ADDRESS				
CITY-ST-ZiP	WEST PALM BEACH FL	· · · · · · · · · · · · · · · · · · ·		_	ST-ZIP				
THILE		DELETE	4.1 TI					Change	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 S1	REET.	ADDRESS				
CITY-ST-ZIP		7 55,55	4.4 CI		T-ZIP				
TIIL€		DELETE	5.1 <b>T</b> (					Change	Addition
NAME			5.2 N/		1				
STREET ADDRESS			5.3 \$1	REET.	ADDRESS				
CITY-\$1-ZIP		F7 65, 55	5.4 CI		T-ZIP				
TITLE		☐ DELETE	6.1 Tr					Change	Addition
NAME			6.2 N/						
STREET ADORESS			6.3 \$1	REET	ADDRESS				

6.4 CITY - ST - ZIP 14. 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 corperation 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 or as attachment with an address.

SIGNATURE:

CITY-ST-ZIP