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 # L61517

(3)

DANNY'S COMPLETE AUTO REPAIR, INC.

FILED
Apr 21 1998 8:00am
Secretary of State



rningparriag	e or pusitions	Maining Address					
1733 MCMULI CLEARWATER	Len Booth RD R FL .34819	1733 MCMULLEN BOOTH CLEARWATER FL 346 49	AD			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/02/1990	
2. Principal Pi	lace of Business	2a, Mailing Address				4. FEI Number Applied For	
21		26				59-3019722 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, otc.			322	5. Certificate of Status Desired See Required Fee Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Cou				8. This corporation owes or has paid the current year Intangible	
24 33759 25		29 33759 30				Personal Property Tax due June 30. Yes X No	
	g. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Agent	
MA	RQUARDT, EMIL C. JR.			81	Name		
400 CLEVELAND STREET SUITE 800				82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)	
CLI	EARWATER FL 34615			83			
				84	City	FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607 0502 a	and 607.1508, Florida Statut	es, the ab	30VO-	named corp	poration submits this statement for the purpose of changing its registered	
office or re agent. I ar	egistered agent, or both, in the State of ni familiar with, and accept the obligation	Florida, Such change was a	uthonzed	d by t	the corporali	ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typod or protee name of registered agent a	ind the if and sable (NOT)	Registeres	1 Accept	t dienastare recorde	ed when rainstating) DATE	
12,	OFFICERS AND I		13.	gr. 1 K	ospicatore rogane	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	11111	tlE		Change Addition	
NAME	PALOMINO, DANIEL		1.2 NA	ME	i	_ · · ·	
STREET ADDRESS	1733 MCMULLEN BOOTH RD		1.3 ST	REET AC	DDRESS		
CITY-ST-ZIP	CLEARWATER FL			IY-SI-			
TITLE	SD	DELETE		2.1 TITLE 2.2 NAME		Change Addition	
NAME	PALOMINO, BARBARA M		2.2 NA			_ , _	
STREET ADDRESS	1733 MCMULLEN BOOTH RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			17-81-			
TITLE		DITETE	3.17(1			Change Addition	
NAME			3.2 NA	ME		— · ·	
STREET ADDRESS					DORESS		
CITY-ST-ZIP				1Y-\$1·			
TITLE		DELETE 411				Change Addition	
NAME			4. 2 NA	4MŁ			
STREET ADDRESS			4.3 STI	REET AD	DDRESS		
CITY-ST-ZIP			4	Y-ST-			
TITLE		DELETE	5.1 711			☐ Change ☐ Addition	
NAME			5.2 NA				
STREET ADDRESS			5.3 \$1	REET AD	DDRESS		
CITY-ST-ZIP				Y - ST -			
TITLE	 	DOTTE	6.1 711			Change Addition	
NAME			6.2 NA				
STREET ADDRESS					DURESS		
CITY-ST-ZIP				Y-S1-	i		
14. I hereby co	ertify that the information supplied with	this filing does not qualify fo	r the exe	mplio	on stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated of officer or o	on this annual report or supplemental a	rinual report is true and acci or trustee empowered to e	trate and	l that	my signatura	re shall have the same legal effect as if made under oath; that I am an irred by Chapter 607, Florida Statutes; and that my name appears in	

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