

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90007 037 ***150.00

DOCUMENT # L65397

1. Corporation Name

SOUTH FLORIDA AUTOMOBILE RESTORATION, INC.

Principal Place of Business

1450 S. DIXIE HWY.
BOCA RATON FL 33732

Mailing Address

1450 S. DIXIE HWY.
BOCA RATON FL 33732

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1990

4. FEI Number

65-0190995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 14 S. SWINTON AVE

Suite, Apt. #, etc.

22

23 DELRAY BEACH, FL

24 33444 25 USA

2a. Mailing Address

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

27

28 DELRAY BEACH, FL

29 33444 30 USA

9. Name and Address of Current Registered Agent

SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 SOUTH DIXIE HWY.
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

14 S. SWINTON AVE

83

84 City DELRAY BEACH

FL

85 Zip Code 33444

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

TITLE DC ☐ DELETE

NAME WORRELL, THOMAS E., JR.

STREET ADDRESS 1450 S. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ DELETE

NAME FREAKLEY, EDWIN M.

STREET ADDRESS 200 CARTER'S GROVE LANE

CITY-ST-ZIP LYNCHBURG VA 24503

TITLE DVT ☐ DELETE

NAME SMITHER, ROBERT M., JR.

STREET ADDRESS 1450 S. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL

TITLE P ☐ DELETE

NAME KIRMSS, EDDIE

STREET ADDRESS 1450 S. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL

TITLE VS ☐ DELETE

NAME GOODYEAR, KIM

STREET ADDRESS 1450 S. DIXIE HWY.

CITY-ST-ZIP BOCA RATON FL

TITLE T ☐ DELETE

NAME WINTZER, WILLIAM R

STREET ADDRESS 1450 S. DIXIE HWY

CITY-ST-ZIP BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

14 S. SWINTON AVE

1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

14 S. SWINTON AVE

3.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

14 S. SWINTON AVE

4.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

125 LA POSTA

5.4 CITY-ST-ZIP TADS, NM 87071

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

14 S. SWINTON AVE

6.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

14. I 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, with all other like empowered.

SIGNATURE: WILLIAM R. WINTZER

4/27/99 (561) 243-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)