

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 # L99359 (6)

1. Corporation Name  
K & L AUTOMOTIVE CENTER, INC.



Principal Place of Business  
1616 N. FLA. MANGO ROAD  
A-4  
WEST PALM BEACH FL 33409

Mailing Address  
1616 N. FLA. MANGO ROAD  
A-4  
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified 09/10/1990  
3a. Date of Last Report 05/31/1995

2. Principal Place of Business  
21 2605 B Old Okeechobee Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2605 B Old Okeechobee Rd.  
Suite, Apt. #, etc.

4. FLE Number 65-0218893  
Applied For  
Not Applicable

22 City & State  
23 West Palm Beach, FL  
24 33409  
25 West Palm Beach  
26 33409  
27 City & State  
28 West Palm Beach, FL  
29 33409  
30 West Palm Beach

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

10. Name and Address of New Registered Agent

ABRAMSON, LAWRENCE M.  
1860 FOREST HILL BLVD  
SUITE 200  
WEST PALM BEACH FL 33406

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 or trustee (delete as applicable)

(Delete Registered Agent Signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ROGERS, KENNETH JR.	5366 BONKY CT	WEST PALM BCH FL	<input type="checkbox"/>
D	ROGERS, MARY	5366 BONKY CT	WEST PALM BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. Change	6. Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Rodgers  
Mary Rodgers

4-28-96

401-688-0061

CR2E034 (12/95)