FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

M23780

(3)

SPECIALISTS IN AUTO SERVICE	DE, INC.			
Principal Place of Business	Mailing Address		1 (951561) 115 (1559 111) 12907 1911) 1	imis Armis memit mikke bid.s deltis didit ibdi
7560 SW 36 ST DAVIE FL 33314	7560 SW 36 ST Davie Fl 33314			
US	us		3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 03/21/1995
2. Principal Place of Business	2a. Mailing Address	THE ST. COMMAND & AMERICAN STREET, STR	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-2607671	Not Applicable
2]	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
	28	Couple	Trust Fund Contribution	A0060 to Fees
4] 25]	Ζιρ 29	Country 30	8. This corporation has liability for in Florida Statutes X Yes	ntangiole tax unider s. 199.032,
9. Name and Address of Cu		11	10. Name and Address of New Ro	
		81 Name	•	
SOGEGIAN, JOHN H.		82 Street Add	dress (P.O. Box Number is Not Acceptabl	e)
7560 SW 38TH STREET DAVIE FL 33314		83		
DAVIC 1 C 333 14				· · · · · · · · · · · · · · · · · · ·
		84 City		FL 85 Zip Code
	agest and the mappleable (NOT SIAND DIRECTORS	E: Registered Agent signature renor	ed when complaining: ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
PSTD	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
SOGEGIAN, JOHN H. 7560 SW 36TH STREET		12 NAME		
STREET ADDITIONS ONLY STEAM DAVIE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TILLE	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
VAME		2 2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
01Y ST 216	☐ DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAM:		3 2 NAME		
STREET ADORESS		3.3 STREET ADDRESS		
City ST-Zif	er en en en en en en en <u>en e</u> n <u>en en en</u> en	3 4 CITY - ST - ZIP		
TILF	□ DELETE	4. 1 TIBLE		Change Addition
NAME SPRELLADDRESS		4.2 NAME 4.3 STREET ADDRESS		
CHY-ST-ZP		4.4 CITY - \$1 - ZIP		
7-1LF	DELETE	5 1 T(1LE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY (\$1-71)	FIRE	5 4 CITY - ST - 2IP		
TITLE	☐ DELETE	6 1 TITLE		Change Addition
NAMS STREET ACORESS		6.2 NAME 6.3 STREET ADDRESS		
Official Address		6.4 CITY - ST - ZIP		
14. I do hereby certify that the information supp		shed and does not qualify		
certify that the information indicated on this oath; that I am an officer or director of the o	corporation or the neceiver or trusted	empowered to execute the		
appears in Block 12 or Block 13 if changed	i, or on an attachinglent with an addre		1.1.1.	
SIGNATURE:	H. Sonosean	Mes.	//30/96	
ATURE AND TYP	ED OR PHINTED NAME OF SCHING OFFICE	R ON DIRECTOR	Date	Daytime Phone #