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

FILED
Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 56730

1. Corporation Name

MAD HATTER MUFFLER OF MONROE CO. INC

Principal Place of Business

10051 N.W. 7 AVE
MIAMI FLORIDA 33150

Mailing Address

21 10051 N.W. 7 AVE
Suite, Apt. # etc.
22
23 MIAMI FLORIDA
Zip 24 33150 Country 25 DADE

26 SAME
Suite, Apt. # etc.
27 SAME
City & State
28 SAME
Zip 29 SAME Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: August 4, 1987

4. FEI Number: 65-0034898 — Applied For / Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HELEN J. LYNN
6731 PARKWAY DR
MARGATE, FLORIDA 33068

10. Name and Address of New Registered Agent

81 Name: PETER A LYNN
82 Street Address (P.O. Box Number is Not Acceptable): 5381 S.W. 57 ST
83 Peter A. Lynn
84 City: DAVIE FL 85 Zip Code: 33314

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: Helen J. Lynn — Helen J. Lynn — 7-7-98
(If changing Registered Agent, Registered Agent must sign.) (If changing Registered Office, Registered Agent must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V.P.	☐ DELETE	☐ Change ☐ Add
NAME	PETE LYNN		
STREET ADDRESS	10051 N.W. 7 AVE		
CITY-ST-ZIP	MIAMI FLORIDA 33150		
TITLE	S D	☒ DELETE	☒ Change ☐ Add
NAME	GERIANNE H. DOYLE		S D
STREET ADDRESS	10051 N.W. 7 AVE		RYAN T. DOYLE
CITY-ST-ZIP	10051 N.W. MIAMI, FL 33150		10051 N.W. 7 AVE MIAMI, FLORIDA 33150
TITLE	P D	☐ DELETE	☐ Change ☐ Add
NAME	HELEN J. LYNN		
STREET ADDRESS	10051 N.W. 7 AVE		
CITY-ST-ZIP	MIAMI, FLORIDA 33150		
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			300002650083 -09/28/98--01068--026 ***158.75
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	☐ Change ☐ Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

LS 9-24

14. I hereby certify that the information appearing on this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added above.

SIGNATURE: Peter A. Lynn — PETER A. LYNN — 7-7-98 — (305)756-8788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (10/97)