**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 # **M64494** **(1)**

1. Corporation Name

**JERRY'S COMPLETE AUTO REPAIRS, INC.**

Principal Place of Business

**% JAMES M. HENDERSON**
**SUITE 2020. ONE FINANCIAL PLAZA**
**FT. LAUDERDALE FL 33394**

Mailing Address

**% JAMES M. HENDERSON**
**SUITE 2020. ONE FINANCIAL PLAZA**
**FT. LAUDERDALE FL 33394**

3. Date Incorporated or Qualified: **01/13/1988**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0021025** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 JERRYS Complete Auto Repairs INC.
22 3720 N. STATE Rd. 7
23 LAUDERDALE LAKES, FL.
24 Zip 33319
25 Country BROWARD

2a. Mailing Address

26 JERRYS Complete Auto Repairs INC.
27 3720 N. STATE Rd. 7
28 LAUDERDALE LAKES, FL.
29 Zip 33319
30 Country BROWARD

9. Name and Address of Current Registered Agent

**HENDERSON, JAMES M.**
**SUITE 2020**
**ONE FINANCIAL PLAZA**
**FT. LAUDERDALE FL 33394**

10. Name and Address of New Registered Agent

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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIORDANO, GERARD<br>110 LAKE EMERALD DR.<br>OAKLAND PARK FL | ☐ DELETE |
| TITLE V/P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LABELLE, GENE F.<br>1099 N.W. 24TH ST<br>SUNRISE FL | ☐ DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>THEODORE, SANDRA<br>4127 N.W. 45TH AVE<br>LAUDERDALE LAKES FL | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE P<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | GERARD GIORDANO<br>8645 N.W. 28 TH DR.<br>CORAL Springs, FL 33065 | ☐ Change ☐ Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 3.1 TITLE S/T<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | SANDRA THEODORE<br>8645 N.W. 28 TH DR.<br>CORAL Springs, FL 33065 | ☐ Change ☐ Addition |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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)(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.

**SIGNATURE:** Sandra Theodore 3-26-96 (954) 731-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0247538 CP