## 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 #** 

M71393

(6)

JAWORSKI AUTO REPAIR, INC.

L						
Principal Plac	ce of Business	Mailing Address		·	ile in elek elek elek elek	
7554 WEST MC NAB ROAD, C-13 7554 WEST MC NAI NORTH LAUDERDALE FL 33068 NORTH LAUDERDAL		AB ROAD. C-13 ALE FL 33068				
2 Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1988	3a. Date of Last 05/01	
21	······································			4. FEI Number 65-0053431		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$9.75		Not Applicable  75 Additional
City & State		City & State			Fe Fe	e Required
23		28		Election Campaign Financing     Trust Fund Contribution		00 May Be
Ζιρ <b>24</b>	Country 25	Zip	Country	8. This corporation has liability for in		s 199.032.
24	9. Name and Address of Current	29    Registered Agent	30	Florida Statutes	□ No	,
	or young and reduces of Content	negisterad Agent	81 Name	10. Name and Address of New Re	egistered Agent	
2190 S Suite Ft. La	NUDERDALE FL 33316		83 84 City	ress (P.O. Box Number is Not Acceptable	<b>85</b> 85	Zip Code
11. Pursuant t or register familiar wit	to the provisions of Sections 607,0502 i ed agent, or both, in the Stato of Florid th, and accept the obligations of, Sectio	and 607.1508, Florida Statura 3. Such change was authori on 607.0505. Florida Statura	les, the above named corporated by the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its intment as registere	registered office
SIGNATURE	•		o.		•	
12.	Signature, typod or printed name of registered agent at		OTE Registered Agent signature requires		DATE	
TOTLE	OFFICERS AND PSD	DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
NAME	JAWORSKI, WILLIAM JOHN	[_] biccit	1 1 TITLE 1.2 NAME		Change	Addition
STREET ADDRESS	6249 N.W. 17TH ST.		1.3 STREET ADDRESS			
CITY - S1 - ZIP	MARGATE FL		1.4 CITY-ST-ZIP			18
TITLE	V	☐ DELETE	2.119LE		Change	Addition
NAME	HEGHINIAN, HRATCH H		2 2 NAME			[] Addition
STREET ADDRESS	5415 HAYES STREET HOLLYWOOD FL		2.3 STREET ADDRESS			
CITY+ST-ZIP TITLE	NOLLI WOOD FL	Flores	2.4 CHY+S1+ZIP			
NAME		DELETE	3. 1 TITLE		Change	Addition
STREET ADDRESS			3.2 NAME			ł
CITY-SI-7P			3.3 STREET ADDRESS			1
TITLE		DELETE	3.4 CITY-ST-ZIF 4.1 TiTLE			
NAME		Land to be to be			Cnange	Addition
STREET ADDRESS			4.2 NAME			i
CITY-ST-ZIP			4.3 \$7REET ADDRESS 4.4 CITY - \$1 - 71P			
TITLE		☐ DELETE	5. 1 TITEE		C) Chan-	T Adve-
NAME		-	5.2 NAME		Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		[] Chance	F) Addition
NAME			62 NAME		Change	Addition
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			EACITY OF NO			1
14. I do hereby	certify that the information supplied with	this filing is voluntarily furnis	shed and does not qualify for	the every the state of the		

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 appears in Block 12 or Block 13 if changed, own an attachment with an address.

SIGNATURE:

LENGRE AND TYPED OR PRATTY XAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DESCRIPTION 4-30-96 954-720-0089