

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M83112 (6)

1. Corporation Name:

PERFECT PERFORMANCE AUTO REPAIR, INC.

Principal Place of Business:

**1880 N.W. 65TH AVE.
DAY F
PLANTATION FL 33319**

Mailing Address:

**1280 N.W. 65TH AVE.
DAY F
PLANTATION FL 33319**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 05/31/1988	3a. Date of Last Report 04/14/1994
4. FCI Number 65-0053628	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
9. Has corporation been subject to a suspension under Sec. 220.01(1), Florida Statutes? ☒ Yes ☐ No	

2. Principal Place of Business 21 7840 NW 44th ST	2a. Mailing Address 26 7840 NW 44th ST
State, Apt. # etc. 22 Sunrise Florida	State, Apt. # etc. 27 Sunrise Florida
City & State 23 Sunrise Florida	City & State 28 Sunrise Florida
Zip 24 33351	Zip 25 USA
City & State 29 33351	City & State 30 USA

9. Name and Address of Current Registered Agent

**NUSBAUM, ALAN
9201 NW 104TH AVE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (or Box Number for rural delivery)	7840 NW 44th STREET
83. City	
84. City	FL 85 Sunrise 33351

11. I, the undersigned, the president, secretary, treasurer, or clerk of the corporation, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as required by law or for the purpose of changing its name as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby authorized to change the corporation's name to the following: Florida Statutes.

SIGNATURE

12. OFFICER, DIRECTOR, AND SHAREHOLDERS	13. ACCOUNTANTS, CHANGES OF OFFICERS, AND OTHER CHANGES
NAME PD NUSBAUM, ALAN 920 SW 132 TERR. DAVE FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not guilty for the corporation stated in Section 220.01(1), Florida Statutes. I further certify that this information is filed for the purpose of changing its registered office as required by law or for the purpose of changing its name as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby authorized to change the corporation's name to the following: Florida Statutes.

SIGNATURE:

ALAN NUSBAUM President

4/26/95 (805) 742-6777