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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

M93881

LEONARD'S CARBURETOR & AUTO REPAIR, INC.

Principal Place C/O LEONARD 120 S MONTO BRANDON FL	MINO ET 5420					
US					3. Date Incorporated or Qualifie 08/11/1988	ed 3a. Date of Last Report 01/29/1996
	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26 Suite Apt. #, etc.	<u> </u>		59-2902596	Not Applicable
Suite, Apt. #, etc		27 Suite: Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	;	City & State			Election Campaign Financing Trust Fund Contribution	9 \$5.00 May Be ☐ Added to Fees
Zip	Gountry	Zip	Country		8. This corporation has liability	for intangible to curder s. 199.032,
24	25	29	30		Florida Statutes	X Yes ≥ 10
1145	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New	negistered Agent
MARMINO, LEONARD 710 CLAYTON STREET					(5.6 p. 1)	
	NDON FL 33511		82	Street Addr	ess (P.O. Box Number is Not Accer	ptable)
			63			
			84	City		FL 85 Zip Code
12. TITLE NAME STREET ADDRESS	PD MARMINO, LEONARD 710 CLAYTON ST.	ND DIRECTORS	13. 9.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS	ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change Addition
RAME ST 216	BRANDON FL MANMINU, BRENUA		1.4 CITY - ST	- ZIP		Change Addition
STREET ADORESS	710 CLAYTON ST.		2.2 NAME 2.3 STREET A	4000EDE		7,000(0)
CITY - ST - ZIP	BRANDON FL		2.4 CITY - ST	- 1		
NAME		DELETE	3.1 TITLE			Change Addition
STREET ADDRESS			3.2 NAME	}		☐ Change ☐ Addition
CITY - ST - ZIP			3.3 STREET A			•
TITLE	**************************************	DELETE	34 CITY-ST-	- ZIP	·	
NAME STREET ADDRESS			4.2 NAME	}		☐ Change ☐ Addition
City-St-ZiP			4.3 STREET AD	DORESS		
TITLE		DELETE	4.4 CITY-ST-	ZIP		
NAME			5.1 TITLE	1		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET AD	Macco		
CITY-ST-ZIP TITLE		97.1	5.4 CITY-ST-2	(
NAME		DELETE	6 1 TITLE			
STREET ADDRESS			6.2 NAME	}		Change Addition
CITY-S1-ZIP			6.3 STREET ADD			ļ
14. I do hereby	certify that the information supplied	d with this filing does not an	6.4 City-St-Z	IP		
14. I do hereby	certify that the information supplied ndicated on this abhural report or ser or director of the corporation or Slock 12 or Blook 13 if changed, or	d with this filing does not que supplemental annual report is the receiver or trustee empt on an attachment with an a	64 CITY-ST-Z alify for the exemp s true and accurat owered to execute doress.	IP otion stated in the and that me this report a	n Section 119.07(3)(i), Florida Statut ity signature shall have the same leg as required by Chapter 607, Florida	les. I further certify that the gal effect as if made under oath; Statutes; and that my name

FILED

Jan 14 1997 8:00am

Secretary of State