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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006053 (2)**

1. Corporation Name

MOPARS OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

**12429 189TH CT N
JUPITER FL 33478
US**

**12429 189TH CT N
JUPITER FL 33478
US**

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

65-0544304

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOANNE M DAVIS
12429 189TH CT N
JUPITER FL 33478**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Joanne M. Davis - Secretary

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **TOM LARSON**
STREET ADDRESS **9808 MAJESTIC WAY**
CITY-ST-ZIP **BOYNTON BEACH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **ST Glenn S. Davis**
1.3 STREET ADDRESS **12429 189th Ct. N.**
1.4 CITY-ST-ZIP **Jupiter, FL 33478**

TITLE **SD** ☐ DELETE
NAME **JOANNE MOONEY-DAVIS**
STREET ADDRESS **12429 189TH CT N**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **MIKE JENKINS**
STREET ADDRESS **9394 LONGMEADOW CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SALLY LARSON**
STREET ADDRESS **9808 MAJESTIC WAY**
CITY-ST-ZIP **BOYNTON BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KIM ROMANELLI**
STREET ADDRESS **17715 38TH LANE NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **RICHARD ROMANELLI**
STREET ADDRESS **17715 38TH LANE NORTH**
CITY-ST-ZIP **LOXAHATCHEE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joanne Mooney-Davis - Secretary **Joanne Mooney-Davis 561-744-7063**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CPRE037 (10/97)