

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 # P92000009784 (9)

1. Corporation Name

ALL PURPOSE GARAGE, INC.



Principal Place of Business

3085 N.W. 54TH STREET
MIAMI FL 33142

Mailing Address

P.O. BOX 420393
MIAMI FL 33242
US

3. Date Incorporated or Qualified
12/04/1992

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 3085 N.W. 54TH STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 420393
Suite, Apt. #, etc.

4. FEI Number

65-0374970

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

9. Name and Address of Current Registered Agent

SLATER, SURETTE S
5611 N.W. 24TH AVENUE
MIAMI FL 33142

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PDT	SLATER, SURETTE S.	5611 N.W. 24TH AVENUE	MIAMI FL	
VSD	SLATER, ILLKA	5611 N.W. 24TH AVENUE	MIAMI FL	
VD	SMITH, MICHAEL S.	5611 N.W. 24TH AVENUE	MIAMI FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1	2.2	2.3	2.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	3.2	3.3	3.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1	4.2	4.3	4.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1	5.2	5.3	5.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input type="checkbox"/> Change	<input type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)