FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008722 (9)

1. Corporation Name
TRI-CITY REPAIR CENTER, INC.

Principal Place of Business
5191 NW 15TH ST
MARGATE FL 33063

Mailing Address
5191 NW 15TH ST
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 05/01/1994

21 Principal Place of Business: 4900 NORTHWEST 15TH ST.
22 Suite, Apt. #, etc: BAY 4470
23 City & State: MARGATE, FLA
24 Zip: 33063
25 Country: BROWARD

2a. Mailing Address: 4900 N.W. 15TH ST.
27 Suite, Apt. #, etc: BAY 4470
28 City & State: MARGATE, FLA
29 Zip: 33063
30 Country: BROWARD

4. FEI Number: 65-0384527 — 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 or intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MCNAMAR, JOSEPH
5191 NW 15TH ST
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 4900 N.W. 15TH STREET
83 BAY 4470
84 City: MARGATE FL 85 Zip Code: 33063

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 of Registered Agent required after filing) Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNAMAR, JOSEPH
STREET ADDRESS	5191 NW 15TH ST
CITY, ST, ZIP	MARGATE FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

11 TITLE	SAME	☒ Change ☐ Addition
12 NAME	4900 NORTHWEST 15TH STREET	
13 STREET ADDRESS	BAY 4470	
14 CITY, ST, ZIP	MARGATE, FLORIDA 33063	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

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. 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 INDIVIDUAL OFFICER OR DIRECTOR) 04/30/95 (Date)

0106220 CP