

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000034585 (8)**

1. Corporation Name:  
**SUNNY ISLES AUTO SERVICE CENTER, INC.**

Principal Place of Business:  
**2799 SUNNY ISLES BLVD  
 NORTH MIAMI BEACH FL 33160**

Mailing Address:  
**2799 SUNNY ISLES BLVD  
 NORTH MIAMI BEACH FL 33160-4007**



2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State:

23 Zip County:

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State:

28 Zip County:

29 30

9. Name and Address of Current Registered Agent

**STERNBAUM, MARC J  
 201 ALHAMBRA CIRCLE  
 SUITE 1200  
 CORAL GABLES FL 33134**

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City:

FL 85 Zip Code:

3. Date Incorporated or Qualified:  
**05/12/1993**

3a. Date of Last Report:  
**02/05/1996**

4. FEI Number:  
**65-0413721**

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. 190.032 Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Section 607.0942 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 607.0905, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

DELETE

TITLE: **P**  
 NAME: **REES, ALLEN A**  
 STREET ADDRESS: **15041 TETHERCLIFT ST**  
 CITY-ST-ZIP: **DAVIE FL**

TITLE: **VP**  DELETE

NAME: **REES, ANN M**  
 STREET ADDRESS: **15041 TETHERCLIFT ST**  
 CITY-ST-ZIP: **DAVIE FL**

TITLE: **S**  DELETE

NAME: **REES, ANN M**  
 STREET ADDRESS: **15041 TETHERCLIFT ST**  
 CITY-ST-ZIP: **DAVIE FL**

TITLE: **T**  DELETE

NAME: **REES, ANN M**  
 STREET ADDRESS: **15041 TETHERCLIFT ST**  
 CITY-ST-ZIP: **DAVIE FL**

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

14 NAME

15 STREET ADDRESS

16 CITY-ST-ZIP

17 CITY-ST-ZIP

18 NAME

19 STREET ADDRESS

20 CITY-ST-ZIP

21 NAME

22 STREET ADDRESS

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100 STREET ADDRESS

101 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.02(3)(b), 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. 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 of this report or as an addendum with an address.

SIGNATURE:

*A. M. Rees*

3-7-97

CR2E034 (9/96)