

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 10:38

DOCUMENT # P93000042834 (0)

1. Corporation Name

BROTHER'S AUTO WORKS, INC.

Principal Place of Business

2900 HESSEY STREET N.E.
PALM BAY FL 32905

Mailing Address

2900 HESSEY STREET N.E.
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3188490

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HAYWORTH, CHANEY & SINCLAIR, P.A.
200 S. HARBOR CITY BLVD.
SUITE 203
MELBOURNE FL 32901

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUOZZO, JOSEPH A SR.
STREET ADDRESS	107 WAYFORD TERRACE
CITY - ST - ZIP	GARDEN CITY NY 11530
TITLE	D
NAME	TUOZZO, CHRISTOPHER J
STREET ADDRESS	27-13 TRINIDAD CIRCLE
CITY - ST - ZIP	MELBOURNE FL 32935
TITLE	D
NAME	TUOZZO, JOSEPH A JR.
STREET ADDRESS	1731 ASHCRAFT STREET N.W.
CITY - ST - ZIP	PALM BAY FL 32907
TITLE	D
NAME	TUOZZO, FRANK J
STREET ADDRESS	107 WAYFORD TERRACE
CITY - ST - ZIP	GARDEN CITY NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	P TUOZZO Joseph SR	
1.3 STREET ADDRESS	405 HWY A1A	
1.4 CITY - ST - ZIP	SATELLITE BL FL 32937	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TUOZZO Joseph JR	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	Deleted from Corp	
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joseph Tuozzo SR.

6/14/95

407-723-7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone