FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **P93000045098 (9)**

1. Current Name

DANIEL'S AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
213 N DIXIE HWY HALLANDALE FL 33009	213 N DIXIE HWY HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: **05/27/1993**	3a. Date of Last Report: **07/26/1994**
4. FEI Number: **65-0431301**	☐ 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	

21 Principal Place of Business	22 Suite, Apt. # or P.O. Box	23 City & State	24 Zip	25 County

26 Mailing Address	27 Suite, Apt. # or P.O. Box	28 City & State	29 Zip	30 County

9. Name and Address of Current Registered Agent

DANIEL, THOMAS F
213 N DIXIE HWY
HALLANDALE FL 33009

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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
Title: D Name: DANIEL, THOMAS F Street Address: 5251 SW 58 ST City-St-Zip: DAVIE FL 33314	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing 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 1, 12 or 13 above, or I have attached a separate sheet with the name and address.

SIGNATURE: Thomas F Daniel / Thomas F. Daniel — 4-27-95 — 305-457-7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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