

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000047897 (2)

1. Corporation Name
VICTOR'S AUTO REPAIR, INC.



Principal Place of Business **Mailing Address**
3951 SOUTHWEST 41ST STREET **3951 SOUTHWEST 41ST STREET**
PEMBROKE PARK FL 33023 **PEMBROKE PARK FL 33023**

2. Principal Place of Business **2a. Mailing Address**
21 **26**
Suite, Apt #, etc. State, Apt #, etc.
22 **27**
City & State City & State
23 **28**
Zip Country Zip Country
24 **25** **29** **30**

3. Date Incorporated or Qualified **3a. Date of Last Report**
07/02/1993 **04/28/1995**
4. FFI Number Applied For
65-0423350 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ALLPSTE, VICTOR
6496 SOUTHWEST 25TH STREET
MIRAMAR FL 33023

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 607.0505 and 607.0508, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *X* *Victor Allpste* **4-14-96** **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PVST	ALLPSTE, VICTOR	1	
6496 SOUTHWEST 25TH STREET	MIRAMAR FL	2	
D	ALLPSTE, VICTOR	3	
6496 SOUTHWEST 25TH STREET	MIRAMAR FL	4	
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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: *X* *Victor Allpste* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-14-96 **DATE**

CR2E034 (12/95)