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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

	1996 DIVISION OF CORPORATIONS			7	
1. Corporatio		0049079 (5)		
RICK	S CAR REPAIR, INC.			I (A TI) A CLARA (A CA A CA A CA A CA CA A CA CA CA CA CA	
Principal Place	e of Business	Mailing Address		L CORECTOR AND INCOME COLUMN CANAL MÁINE	ODIN EDNA BIENE NAME ODIN 18940 (ON 1885)
2060 S.W. 71 TERRACE 2060 S.W. 71 TERRACE BAYS 8 & 9 BAYS 8 & 9 DAVIE FL 33317 DAVIE FL 33317			CE	2 Date horozopatel a Castlad 11 2 2 4 4 2	
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	ace of Business	2a, Mailing Address		07/09/1993	.1 03/06/1995 Applied For
21		26		65-0426832	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27			Fee Required
23	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for it	Added to Fees
24	25	29	30	Florida Statutes Yes	No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	egistered Agent
			B1 Name		
ST. MAF	RTIN, RICHARD C		82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)
11385 L	AKEVIEW DRIVE				5,
	SPRINGS FL 33071		83		
			84 City		85 Zip Code
			1 1 1		╊L │ │ `
				ration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registered office
SIGNATURE _	, and accept the obligations of, Sect	ilon 607.0505, Florida Statute	S.		. Which do registered tigent. Fam
	Signature, typed or printed name of registered agent		Olt. Registered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	PD		1. 1 TiTLE		Change Addition
STREET ADDRESS	ST. MARTIN, RICHARD C		1.2 NAME		
CITY-ST-ZIP	11385 LAKEVIEW DRIVE		1.3 STREET ADDRESS		
TITLE	CORAL SPRINGS FL 33071	☐ DELETE	1 4 CHY-SI-ZIP 2 1 THEF		Change Addition
NAME	STD St. Martin, Lisa	-	2 2 NAME		Thereafte Thyoquiott
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	11385 LAKEVIEW DRIVE CORAL SPRINGS FL 33071		2.4 C/TY-ST-Z/P		
TIBLE	- COTAL SERINGS FL 33U/T	DELETE	3 1 TITLE		Change Addition
NAME	٠.	_	3.2 NAME		
STREFT ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST-ZIP		
TITLE		DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - S1 - ZIP			4 4 CITY - ST - ZIF		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		

64 CHY-ST-7P 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.

5.4 C(1Y - ST - ZIP

6.3 STREET ADDRESS

6. 1 TITLE

6.2 NAME

DELETE

SIGNATURE: ST. MCS/LIL LISA ST. MIKELIN 3/19/96 305 11/1/2583

☐ Change

Addition