

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

FILED

Jan 16 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 # P93000049079 (5)

1. Corporation Name  
RICK'S CAR REPAIR, INC.



Principal Place of Business

2060 S.W. 71 TERRACE  
BAYS 8 & 9  
DAVIE FL 33317  
US

Mailing Address

2060 S.W. 71 TERRACE  
BAYS 8 & 9  
DAVIE FL 33317-7311  
US

3. Date Incorporated or Qualified  
07/09/1993

3a. Date of Last Report  
03/25/1996

4. FEI Number  
65-0426832

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

ST. MARTIN, RICHARD C  
11385 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name ST. MARTIN RICHARD C  
82 Street Address (P.O. Box Number is Not Acceptable)  
2861 SW 79 Ave #102  
83  
84 City DAVIE FL 85 Zip Code 33328

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 RICHARD C. ST. MARTIN

Signature typed or printed name of registered agent and title, if applicable

Richard St. Martin Jan 6 - 97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ST. MARTIN, RICHARD C	
STREET ADDRESS	11385 LAKEVIEW DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ST. MARTIN, LISA	
STREET ADDRESS	11385 LAKEVIEW DRIVE	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ST. MARTIN RICHARD C	
13 STREET ADDRESS	2861 SW 79 Ave #102	
14 CITY - ST - ZIP	DAVIE FL 33328	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ST. MARTIN LISA	
23 STREET ADDRESS	2861 SW 79 Ave #102	
24 CITY - ST - ZIP	DAVIE FL 33328	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lisa St. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-6-97 474-2583

Date Daytime Phone #

CR2E034 (9/96)