

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

9:04 AM - 1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061055 (8)

1. Corporation Name

STEINMETZ AUTO REPAIR, INC.

Principal Place of Business

3119 S DIXIE HWY
DELRAY BEACH FL 33483

Mailing Address

3119 S DIXIE HWY
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

08/27/1993 08/08/1994

4. FEI Number Applied For
65-0429734 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	26. Mailing Address
22. State Apt # etc	27. State Apt # etc
23. City & State	28. City & State
24. Zip	29. Zip
25. County	30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINMETZ, CHERYL A
3119 S DIXIE HWY
DELRAY BEACH FL 33483

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, if both, in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	D STEINMETZ, STEVEN 5605 COLUMBUS RD. W. PALM BCH. FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
NAME	D STEINMETZ, CHERYL A 5605 COLUMBUS RD. W. PALM BCH. FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY, ST, ZIP		9. CITY, ST, ZIP	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. CITY, ST, ZIP	

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and that I am qualified for the acceptance stated in Section 1101.02 (b) Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached report with an address.

SIGNATURE: *Cheryl A. Steinmetz-Cheryl A Steinmetz* 41-28-95 407 272-8761
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR