

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000061094 (7)**

1. Corporation Name

GARO RACK AND PINION INC.



Principal Place of Business

Mailing Address

7893 N.W. 98TH ST.
HALEAH GARDENS FL 33016

7893 N.W. 98TH ST.
HALEAH GARDENS FL 33016

3. Date Incorporated or Qualified
09/01/1993

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **7893 NW 98th St**

26 **7893 NW 98th St**

4. FEI Number
65-0420948

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23 **HALEAH, FLORIDA**

28 **HALEAH, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **33016**

25 **U.S.A**

29 **33016**

30 **U.S.A**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KHATCHIKIAN, GARABET
7893 N.W. 98TH ST.
HALEAH GARDENS FL 33016**

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** DELETE

NAME **KHATCHIKIAN, GARABET**
STREET ADDRESS **P.O. BOX 594 OVERSEAS HIGHWAY**
CITY-ST-ZIP **LONG KEY FL 33001-0594**

11 TITLE Change Addition

TITLE **D** DELETE

NAME **KHATCHIKIAN, MARY J**
STREET ADDRESS **P.O. BOX 594 OVERSEAS HIGHWAY**
CITY-ST-ZIP **LONG KEY FL 33001-0594**

21 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE Change Addition

CITY-ST-ZIP

64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96 (305) 558-1551
Date Daytime Phone

CR2E034 (3/96)