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 # **P93000083622 (9)**

1. Corporation Name
PALM BEACH AUTOMOTIVE SERVICE CORPORATION

Principal Place of Business	Mailing Address
340 SOUTH COUNTRY ROAD PALM BEACH FL 33480	340 SOUTH COUNTRY ROAD PALM BEACH FL 33480

3. Date Incorporated or Qualified: **12/01/1993**
3a. Date of Last Report: **10/20/1995**

2. Principal Place of Business
21 415 Belvedere Road
Suite, Apt. #, etc
22
City & State
23 West Palm Beach, FL
Zip
24 33405
Country
25 USA

2a. Mailing Address
26 same
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0449952** ☐ 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

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C
365 NORTH MILITARY TRAIL
W PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name: Charles C. Chillingworth, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
83 2090 Palm Beach Lakes Blvd. # 800
84 City: West Palm Beach, FL 85 Zip Code: 33409

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	SARANTIDIS, FRANK		1.2 NAME		
STREET ADDRESS	1594 63RD AVENUE SOUTH		1.3 STREET ADDRESS	261 Costello Road	
CITY-ST-ZIP	W PALM BEACH FL 33415		1.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
TITLE	STD	☑ DELETE	2.1 TITLE	STD	☐ Change ☐ Addition
NAME	SARANTIDIS, TIAN		2.2 NAME	STALEY, DEBRA T.	
STREET ADDRESS	1594 63RD AVENUE SOUTH		2.3 STREET ADDRESS	5409 45th street	
CITY-ST-ZIP	W PALM BEACH FL 33415		2.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET 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-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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: Debra T. Staley 6/12/96 (407) 655-0748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Debra T. Staley