

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

PROFESSIONAL
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. MATHIAS
COMMISSIONER
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
11/23

STANDARD FILING
TALLAHASSEE, FLORIDA

DOCUMENT # P93000085732 (4)

ACCURATE AUTO REPAIR, INC.

Office Address: 850 N.W. 57TH STREET
FORT LAUDERDALE FL 33309

Mailing Address: 850 N.W. 57TH STREET
FORT LAUDERDALE FL 33309

(Do not write in this space)

3. Date incorporated or qualified 12/15/1993	3a. Date of last report 04/28/1994
4. FID Number 65-0454235	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
7. Have you completed prior reporting for information required by Florida Statutes? ☐ Yes ☒ No	

2. Previous Filing Information	2a. Mailing Address
21. State App. Rpt.	26. Suite, Apt. Rm. etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Name	29. Title
25. Name	30. Title

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONRAD S. KULTZ & ASSOCIATES P.A.
633 SE THIRD AVENUE
SUITE 4R
FORT LAUDERDALE FL 33301

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

11. Pursuant to the provisions of Sections 607.01(1)(b) and 607.13(1)(b), 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 Sections 607.01(1)(b), Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Officer or Director)

12. OFFICE DELETIONS AND CHANGES		13. ADDITIONS, CHANGES TO OFFICES AND OFFICERS, ETC.	
NAME	D JOHANSON, ARTHUR 850 N.W. 57TH STREET FORT LAUDERDALE FL 33309	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	☐ Change ☐ Addition
NAME	D JOHANSON, ROBERT 850 N.W. 57TH STREET FORT LAUDERDALE FL 33309	4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	☐ Change ☐ Addition
NAME		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	☐ Change ☐ Addition
NAME		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	☐ Change ☐ Addition
NAME		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	
CITY & STATE		18. CITY & STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information provided with this filing is voluntarily furnished and that it is true and correct. I further certify that the information submitted in this annual report or supplemental annual report is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 13 of Block 13 of a change of office or officer filing with any addition.

SIGNATURE: *Arthur Johanson*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 772-5146