FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Feb 10 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000085732 (4) ACCURATE AUTO REPAIR, INC. Principal Place of Business Mailing Address 850 N.W. S7TH STREET 850 N.W. 57TH STREET FORT LAUDERDALE FL 33309-2827 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 12/15/1993 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0454235 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. 24 Florida Statutes ☐ No 25 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ลาไ CONRAD S. KULATZ & ASSOCIATES P.A. Name **633 SE THIRD AVENUE** R2 Street Address (P.O. Box Number is Not Acceptable) SUITE 4R FORT LAUDERDALE FL 33301 83 City 84 Zip Code 85 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE TITLE 1.1.1ITLE ☐ Change JOHANSON, ARTHUR NAME 1.2 NAME 850 N.W. 57TH STREET STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 21 TITLE JOHANSON, ROBERT NAME 2.2 NAM8 850 N.W. 57TH STREET STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 2. 4 CITY-\$1-ZIP DELETE TITLE 3 1 11116 Change Addition | NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 TREET ADDRESS CITY-ST-ZIP 174-ST-21P DELETE Change Addition TITLE TLE NAME AME STREET ADDRESS FREET ADDRESS CITY-ST-ZIP TY-ST-ZIP DELFTE Change Addition TITLE ILE

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exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the accurate and that my signature shall have the same legal effect as if made under eath; that execute this report as required by Chapter 607, Florida Statutes; and that my name

TUDE. V (254)

NAME STREET ADDRESS

CITY-ST-ZIP

1. Can

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental armual report is true an I am an officer or director of the corporation or the receiver or trustee empowered appears in Block 12 or Block 13 if changed, or on an attachment with an address.

IREET ADDRESS

ITY-S1-ZIP

(QSI) 772-5146 2.4.97