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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000011607 (6) DOCUMENT # 1. Corporation Name

BRUCE'S AUTOMOTIVE REPAIR, INC.					
Principal Place of Business 100 TONEY PENNA DR JUPITER FL 33458 US		Mailing Address 100 TONEY PENNA DR JUPITER FL 33458 US		F (850)001 (46 (9))) 500)) 500)	
				3. Date Incorporated or Qualified 02/11/1994	3a. Date of Last Report 04/28/1995
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0452391	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		□No
24)	9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
509 GON	, LAUREL A MERCE WAY WEST FL 33458		82 Street Addr 100 83 84 City	ess (P.O. Box Number is Not Acceptate Toney Penna	Drive
or registere familiar with SIGNATURE	nd agent, or both, in the State of Flo n, and accept the obligations of, Sec agrature, typed or printed name of registered a Jiv	rida. Such change was authorication 607.0505, Florida Statute	zealer the cordoration's due	anon submits this statement for the purd of clirectors. Thereby accept the app Palmus Modern tensul by ADDITIONS/CHANGES TO OFF	1/16/96
12.	OFFICERS A	ND DIRECTORS		ADDITIONS/OFFARGES TO OFF	Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		
NAME	PALMIERI, LAUREL A		1.2 NAME		
STREET ADDRESS	100 TONEY PENNA DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	□ DELETE	1.4 CHY-ST-7IP 2 1 TITLE		Change Addition
TITLE	S DELVALLE BOLICE E		2.2 NAME		
NAME	DELVALLE, BRUCE F		2.3 STREET ADDRESS		
STREFT ADDRESS	100 TONEY PENNA DR JUPITER FL		2.4 City - St - 7iP		
CITT-ST-ZIP TITLE	JUPITER PL	DELETE	3 1 THLE		Change Addition
NAME			3.2 NAME		
			3.3 STHEFT ADDRESS		
STREET ADDRESS			3 4 C(TY-S1-Z(F)		
CITY-ST-ZIP TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME		_	4.2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS	•		4.4.0(TY=ST+Z.P		
CITY-ST-ZIP TITLE		DELETE	5 1 TILLE		Change Addition
NAME			52 NAME		
			5.3 STREET ADDRESS		
STREFT ADDRESS			5.4 CITY - \$1 - ZIP		
CITY-ST-ZIP		DELETE	6. 1 TITLE		Change Addition
TITLE		<u></u>	6.2 NAME		
NAME OTHERS AROPERS			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY ST-ZIP	v certify that the information supplier	d with this filing is voluntarily fu	64 C/TY-ST-ZIP Imnished and does not qualify	for the exemption stated in Section 119	1.07(3)(k), Florida Statutes, I further

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

SIGNATURE:

CR2E034 (12/95)