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

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 4:05

DOCUMENT # P94000058058 (6)

1. Corporation Name
ACTION AUTO AIR & BODY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3162 NW 114TH LANE<br>CORAL SPRINGS FL 33065 | 3162 NW 114TH LANE<br>CORAL SPRINGS FL 33065 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 12160 WILES ROAD
22: Suite, Apt. #, etc.
23: City & State: CORAL SPRINGS, FL
24: Zip: 33076
25: Country: BROWARD

2a. Mailing Address
26: 12160 WILES ROAD
27: Suite, Apt. #, etc.
28: City & State: CORAL SPRINGS, FL
29: Zip: 33076
30: Country: BROWARD

4. FEI Number: 65-0513662 ☐ 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

SILVESTRI, JOHN
3162 NW 114TH LANE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name: JOHN SILVESTRI
82 Street Address (P.O. Box Number is Not Acceptable): 12160 WILES ROAD
83:
84 City: CORAL SPRINGS FL 85 Zip Code: 33076

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: JOHN SILVESTRI, PRES
Signature required of newly named 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 | 1.1 TITLE | OFFICER, V.P ☐ Change ☒ Addition |
| NAME | SILVESTRI, JOHN | 1.2 NAME | DAVID PIASTA |
| STREET ADDRESS | 3162 NW 114TH LANE | 1.3 STREET ADDRESS | 12160 WILES ROAD |
| CITY-ST-ZIP | CORAL SPRINGS FL | 1.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33076 |
| TITLE | D | 2.1 TITLE | OFFICER, SEC. ☐ Change ☒ Addition |
| NAME | SILVESTRI, BENITA | 2.2 NAME | JOHN SILVESTRI JR |
| STREET ADDRESS | 3162 NW 114TH LANE | 2.3 STREET ADDRESS | 2920 SPRINGDALE CIRCLE |
| CITY-ST-ZIP | CORAL SPRINGS FL | 2.4 CITY-ST-ZIP | NAPERVILLE, FL 60564 |
| TITLE | | 3.1 TITLE | OFFICER, T ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | BENITA SILVESTRI |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 12160 WILES ROAD |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33076 |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information indicated with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 attached sheet, with an address.

SIGNATURE: 3-15-95 3057552255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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