## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## 1998

	MENT # <b>P9400</b> R'S AUTOMOTIVE, INC.	0072517 (3	)		1114 (1114 1114 1114 1114 1114 1114 111
Principal Place of Business Mailing Address				1 (00)(00) (1)4 (10)(1 B(0)) 40)(1 40)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)(1 60)	18810 (4881 0148) (1881) (08) (08)
		5380 S. ORANGE AVE.		1	
UNIT 1 UN		UNIT 1		DO NOT WOITE IN TH	10.004.05
		ORLANDO FL 32809		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				09/29/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3272044	Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Cota & State		27			Fee Required
Crty & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip	Country		Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
- <del> </del>	9. Name and Address of Curre			10. Name and Address of New Registere	ed Agent
WIN	NTER, LINDA S.		B1 Name		
538	80 SOUTH ORANGE AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
OR	LANDO FL 32809				
			83		
			84 City		85 Zip Code
				poration submits this statement for the purpose ation's board of directors. I hereby accept the a	L 89 Zip Code
SIGNATURE	Signature typed or printed name of registered as	gent and tills if applicable (NO	OTE: Registered Agent signature requ	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONAL TO OFFICE TO A	Change Addition
NAME	WINTER, LINDA S		1.2 NAME		
STREET ADDRESS	5380 S. ORANGE AVE., UNI	T 1	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CiTY+ST+ZiP		
TITLE		☐ DELET <b>e</b>	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE	<del></del>	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME			3.2 NAME		C overige C Novi(/011
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 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE NAME	:	ר ווינונונ	6 1 THLE 6.2 NAME		Therefore The Modition
HOME			■ U.Z NAIME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Thereby certify that the information supplied with this filing 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 armual 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 chapted, or on an attachment with an address.

2.7298 VM 851.7716