SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 11:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000086510 (2)**

1. Corporation Name

PALMS WEST AUTO SERVICE, INC.

Principal Place of Business	Mailing Address
500-F ROYAL COMMERCE ROAD ROYAL PALM BEACH FL 33411	500-F ROYAL COMMERCE ROAD ROYAL PALM BEACH FL 33411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | County (25) | Zip (29) | County (30)

4. FEI Number: 650535012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has ability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KLIMEIKA, LINDA
500-F ROYAL COMMERCE ROAD
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name: Susan Howard
82 Street Address (P.O. Box Number is Not Acceptable): 500F Royal Commerce Rd.
83
84 City: Royal Palm Bch FL 85 Zip Code: 33411

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: Susan Howard — Susan Howard — 8-2-95
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOWARD, MICHAEL C	12 NAME	
STREET ADDRESS	12936 54 ST N	13 STREET ADDRESS	
CITY ST ZIP	ROYAL PALM BEACH FL 33411	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☑ Addition
NAME	Joel A. Howard JR	22 NAME	
STREET ADDRESS	500F Royal Commerce Rd	23 STREET ADDRESS	
CITY ST ZIP	Royal Palm Bch FL 33411	24 CITY ST ZIP	
TITLE	Sec-Tres	31 TITLE	☐ Change ☑ Addition
NAME	Rosemarie Howard	32 NAME	
STREET ADDRESS	500F Royal Commerce Rd	33 STREET ADDRESS	
CITY ST ZIP	Royal Palm Bch FL 33411	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I 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)(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 1 or Block 10 if changed, or on an attachment with an address.

SIGNATURE: [signature] Michael C. Howard 8-2-95 407 753 0663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004322 CP