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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

733-EX79

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400086846 (0)

TAMKEN AUTO SERVICES, INC.

14332 SW 142ND AVENUE MIAMI FL 33188		14332 SW 142ND AVENUE Miami Fl 33186-6750								
						3. Date Incorporated or Qualified 11/28/1994		e of Last 30/1996		
· ·	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0172886			Not Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
City & State	3	City & State			•	Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees	
Z(p	Country 25	Zip 29	Cour	ntry		This corporation has liability for influence of the statutes				
<u>**</u>	9. Name and Address of Curre		1001			10. Name and Address of New Re				
D'A	RCY, PHILLIP			81	Name		<del>-</del>	·		
14222 CW 142ND AVENIE				B2	Street Add	eet Address (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33160		1	B3	····			<del></del>		
			-	84	City			85 Zij	p Code	
					·		FL			
11. Pursuant I office or ri	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statu te of Florida. Such change was	ites, the ab authorized	юvе I by	-named cor the corpore	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of at the appo	changing sintment t	ı its registered as reğist <del>ered</del>	
agent. La	m familiar with, and accept the obt	igations of, Section 607.0505, F	iorida Statu	Hes		-				
SIGNATURE	Signature, typed or printed name of registered a	nant and Ula it explicable Aid	TF Registered	Ana	nt signature regu	ired when reinstating)	DATE			
12.		ND DIRECTORS	13.		and	ADDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN 12	
HILE	PD	☐ DELETE	1.1 117	ιE				Charige	e 🔲 Addition	
NAME	D'ARCY, PHILLIP		1.2 NA	ME	:					
STREET ADDRESS	14332 SW 142ND AVENUE		1.3 \$16	REET	ADDRESS					
CHTY-ST-7iP	MIAMI FL 33186		1.4 CIT	Y-S	T - ZIP					
TITLE		☐ DELETE	2.1 111	LE				Charige	e [_] Addition	
NAME			2.2 NA	ME						
\$1REEL ADDRESS					ADDRESS					
City-St-ZiP		DELETE	2.4 CI	***************************************	ST-ZIP			Change	e Addition	
31TLE		□ DETEIE	3.1 TIT 3.2 NA			•		L. Unanyo	, La Rudillon	
NAME STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			3.4. Ci						:	
11/LE		DELETE	4.1 TiT		31-ZIr			Change	e Addition	
NAME		_	4. 2 NA					_ ·		
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-7IP			4.4 CIT	Y-S	T - ZIP					
1ITLF		DELETE	5.1 <b>T</b> (T					Change	e 🔲 Addition	
NAME			5.2 NA	ME	1					
STREET ADDRESS			5.3 ST	REET	ADDRESS					
CHTY-ST-ZIP			5.4 CIT	۲۰S	T-ZIP					
1)/LE		☐ DELETE	6.1 TiT	LE				Change	e Addition	
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 STI	REET	ADDRESS					

64 CITY-ST-ZIP

14. I do hereby 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 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.