SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S&LA	AUTO REPAIR, INC.							
rincipal Placi	e of Business	Mailing Address			I PORTIONA REGIONAL DINA BORRI CORRI C		IIB KABU BILBA III	
1361 HAVRE STREET N.W. PALM BAY FL 32907		1361 HAVRE STREET N.W. PALM BAY FL 32907						
•					3. Date Incorporated or Qual-fied 12/19/1994		ate of Last R 5/09/1995	eport
. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			pled For
		26			59-3296237			ot Applicabl
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75) Fee Re	
City & State	ie	City & State			6. Election Campaign Financing		\$5.00	<u></u>
)		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country		8. This corporation has liability for		_	199.032,
L	25 S. Name and Address of Current	1 Peoletered Agent	30	 	Florida Statutes <u>L</u> 10. Name and Address of New R	Yes Legistered	No Agent	
Name and Address of Current Registered Agent			81 N	ame	TO. Name and Address of New Ti	iogistoreo	Agoin.	
	XTON, SCOTT K		82 S	reet Addre	ess (P.O. Box Number is Not Accepta	able)		
1361 HAVRE STREET N.W. PALM BAY FL 32907					COO (I.O. BOX HOMBO) IS HOX HOSOPIO			
r A	CM DATTE 32807		83					
			84 C	ity		FL	85 Zip	Code
			1 1					
1 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508. Florida Statu	tes the above na	med corpo	oration submits this statement for the	purpose of	fichanging its	i registered.
Pursuant office or ragent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	tes, the above-na authorized by the lorida Statutes.	med corpo corporatio	oration submits this statement for the pon's board of directors. I hereby access	purpose of pt the appo	f changing its ointment as n	registered egistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, F	longa Statutes.			purpose of pt the appo	f changing its ointment as n	registered egistered
agent. I a GNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the section of	ntiand lide if approached (NC	tes, the above-na authorized by the orida Statutes. III Repsiesal Agents. 13.			DA [†] L		
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED HANG OF SIGNING OFFICER OR DIRECTOR

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