

FILE NOW: FILING AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P95000030887 (0)

1. Corporation Name

SWABY'S AUTO TECH, INC.



Principal Place of Business

10880 SW 186TH STREET
BAY 63
MIAMI FL 33157

Mailing Address

10880 SW 186TH STREET
BAY 63
MIAMI FL 33157

2. Principal Place of Business

21 10880 SW 186th

Suite, Apt. #, etc.

22 Bay # 63

City & State

23 Miami FL 33157

Zip

Country

24 DADE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

4. FEI Number

65-0568723

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

MILLER, JAMES B.
9130 S. DADELAND BLVD.
DATRAN TWO, SUITE 1109
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: Elise Dawkins (Secretary) ELISE DAWKINS

3/20/96

12. OFFICERS AND DIRECTORS

TITLE SECRETARY
NAME ELISE D. DAWKINS
STREET ADDRESS 12000 SW 17th St
CITY-ST-ZIP Miami FL 33177

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

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13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

SHARE HOLDER
MILVERTON S. DAWKINS
12000 SW 17th St
Miami FL 33177

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

☐ Change ☐ Addition

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

☐ Change ☐ Addition

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

☐ Change ☐ Addition

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

☐ Change ☐ Addition

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

☐ Change ☐ Addition

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***200.00

14. I do 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)(b), 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, unexpired, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

2341070

4/11/96

234-1070

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