FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	996	DIVISION OF CO	DRPORATIONS	-	
DOCUM 1. Corporation Na		0035570 (7)			
	AUTO REPAIR, INC.				
Principal Place of	Business	Mailing Address		I INCLINES NO TOTAL BILLY BRANK ADDITION	BAILE BAIDS IN BUILD STATE ABOVE ABO
6741 INDUSTRIA PORT RICHEY		6741 INDUSTRIAL AVENU PORT RICHEY FL 34668	IE	Date Incorporated or Qualified	3a. Date of Last Report
				04/26/1995 4. FEI Number	Applied For
2. Principal Place		2a. Mailing Address 26 7907 CLAR	KEMOODY BUY	- L	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 PORT	RICHEY, FL	28 PORT RICH	EY, FC 34668 Country	Trust Fund Contribution 8. This corporation has lability for the second	ntangible tax under s 199 032,
Zip 24 34668	Country 25	29 3448	30	Florida Statutes Yes	□No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
6741 IND PORT RIC	Frances Ustrial Avenue Chey Fl 34668		83 84 Oily 7 0	ess (P.O. Box Number is Not Acceptal 07 CLARKE MOODY RT RICHEY, FU	FL 85 Zip Code 34668
or registered familiar with	flagent, or both, in the State of Figure , and accept the obligations of, Secti	on 607,0505, Florida Statutes	Try the conference as	ation submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office cintment as registered agent. I am
12.	g stille, typed to product had distributed awar. OFFICERS ANI		Falgeren, d'Agent signatura roquir.	ADDITIONS/CHANGES TO OFF	
THEF	D	☐ DELETE	1 1 TITLE		Change Addition
NAME DEPOS	ALFANO, FRANCES 6741 INDUSTRIAL AVENUE		1 2 NAME 1 3 STREET ADDRESS	7907 CLARKE MOOD	y BLVD.
STREET ADDRESS CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY - ST - ZIP	PORT RICHEY, FL	34668 Addition
TITLE		☐ DELETE	2 1 TITLE 22 NAME		
NAME STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIF		ET DELETE	2.4 C(TY - ST - Z(P		Change Addition
TITLE NAME		☐ DELETE	3 1 TILE 3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3 4 CITY - S1 - ZIP 4 1 TITLE		☐ Change ☐ Addition
TITLE NAME		Land	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TILLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		
CITY - ST - ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAMÉ			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - STI - ZIP		
certify that oath; that appears in	the information indicated on this ari Lam an officer or director of the corp	ociation or the receiver or truste	ished and does not qualify ual report is true and accu e empowered to execute t	r for the exemption stated in Section 11 rate and that my signature shall have this report as required by Chapter 607.	Florida Statutes, and that my name
SIGNAT	URE: X SIGNATURE AND TYPED OF	DR PRINTED RIMHE OF SIGNING OFFICE	ANCES ITVE	Cano x 3-19-	Degaras Prostar #

CR2E034 (12/95)