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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052979 (8)

officer or director of the corporation or the receiver or musice emporial Block 12 or Block 13 if changed, or on an attachment with an address

WARRICK AUTOMOTIVE SERVICES, INC. Principal Place of Business Mailing Address 400 NW 43RD AVE 400 NW 43RD AVE **COCONUT CREEK FL 33066** COCONUT CREEK FL 33066 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/05/1995 2. Principal Place of Businoss 2a. Mailing Address 4, FEI Number Applied For 21 Not Applicable 26 65-0598924 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Zip Country Zipi 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WARRICK, GERALDINE 400 NW 43 AVE **B2** Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33065 83 City Zip Code 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 A Registered Agent signature required when reinstaling) **Signature**, typed or printed name of registered agent and trie if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WARRICK, GERALDINE NAME 1.2 NAME 400 NW 43 AVE STREET ADDRESS 1.3 STREET ADDRESS COCONUT CREEK FL 33065 CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ DELETE TITLE 21 TITLE ☐ Change ___ Addition NAME WARRICK, BARRY 22 NAME 400 NW 43RD AVE STREET ADDRESS 2.3 STREET ADDRESS **COCONUT CREEK FL** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1ITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$T - ZIP DELETE Change Addition TITLE 5.1 TIME NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY-ST-ZIP ☐ DELETE Change Addition TITLE 6.1 THILE NAME 6.2 NAMÉ STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 Statutos; and that my name appears in

PREC

UNBAR