

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000059073 (3)

1. Corporation Name

RAHLYNS GARAGE INC.



Principal Place of Business

**4900 NW 15TH STREET BAY 4457
MARGATE FL 33063**

Mailing Address

**4900 NW 15TH STREET BAY 4457
MARGATE FL 33063**

2. Principal Place of Business

21 **4900 NW 15th Street**

Suite, Apt. #, etc.

22 **Bay 4457**

City & State

23 **Margate, Florida**

Zip

24 **33063**

Country

25 **Broward**

2a. Mailing Address

26 **4900 NW 15th Street**

Suite, Apt. #, etc.

27 **Bay 4457**

City & State

28 **Margate, Florida**

Zip

29 **33063**

Country

30 **Broward**

3. Date Incorporated or Qualified

07/27/1995

3a. Date of Last Report

4. FEI Number

65-0599872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**RAMSARAN, RAHLYN
10081 NW 37TH STREET
CORAL SPRING FL 33065**

10. Name and Address of New Registered Agent

81 Name

Rahlyn Ramsaran

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

10081 NW 37th Street

83

84 City

Coral Springs

FL

85 Zip Code

33065

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 607.05, Florida Statutes.

SIGNATURE

Rahlyn Ramsaran

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when not a stockholder)

03-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **Proprietor**
Rahlyn Ramsaran 11
STREET ADDRESS **10081 NW 37th Street**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ DELETE

NAME **Registered Agent**
Rahlyn Ramsaran
STREET ADDRESS **10081 NW 37th Street**
CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-96

Date:

Day/Year/Phone #

CR2E034 (12/95)