SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** P95000073758 (1)

MAD HATTER MUFFLER OF BROWARD COUNTY, INC.

Principal Place of Business Mailing Address 4950 SOUTH STATE BOAD 7 M.H.M OF BROWARD COUNTY, INC. H21.YWOOD FL 333[4] 4950 S. STATE, RD. 7

**FILED** 

Jul 22 1998 8:00am

Secretary of State

HOLLYWOOD FL 33314						DO NOT WRITE IN THIS SPACE			
<u>`</u>							3. Date Incorporated or Qualified		
<u> </u>							09/25/1995		
· ·	Place of Business	2a. N	Mailing Address				4. FEI Number		Applied For
21 5		26		··· ·- ·- ·- ·			65-0643837		Not Applicable
Sulte, Apt	l. #, etc.	\$	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.7	5 Additional
22		27					5. Certificate of Status Desired	Fee	Required
Uty & Sta	te	(	City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28		- ,			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Z	Cip .	Coun	itry		8. This corporation owes or has paid the curr	ent year	I <u>nta</u> ngible
24	25	29		30			Personal Property Tax due June 30.	Yes	∐ No
	9. Name and Address of Curr	rent Registe	red Agent		1		10. Name and Address of New Registered A	gent	
	/LE, KEVIN L				81	Name			
5211	1 SW \$7TH ST.			1	82	Street Ar	ddress (P.O. Box Number is Not Acceptable)		
DAV	1E FL <b>33</b> 314					0000710	out of the second of the secon		
				1	83				
				-	84	04.		71 -	
				ď	04	City	FL	85 Z	ip Code
11. Pursuan	at to the provisions of sections 607.0	502 and 607.	1508, Florida Statut	es, the abov	ve-r	named cor	poration submits this statement for the number of che	naina its	registered
onice or	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Fiorida	. Such change was	authorized	by 1	ine corpor	ration's board of directors. I hereby accept the appoin	tment as	registered
-	·	ilgations of, a	SOCION 607.0303, FI	ionua statui	185.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if ap	iplicable. (N	IOTE: Registere	d Age	ent signature (	required when reinstating) DATE		
12.	OFFICERS /	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS IN 12
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HILL	, v		I I DELETE	1.1 TITLE	t			I Chano	e LXL/Addition
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	DOYLE, KEVIN L 5211 SW 57 ST.		() DELETE	1.2 NAM	ΙE		THES, TO CERTINALLY REASSEL	Chang	e LXV Addition
NAME			() DELETE	1.2 NAM 1.3 STRE	IE Eet a	DDRESS	THES, TO CERTINALLY REALINES	Chang	e LXV Addition
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CITY-ST-ZIP 14. I hereby 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 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 andress. KEVIN L. DOYLE

054.7019150