

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078545 (7)

1. Corporation Name

PREMIER AUTOMOTIVE SERVICES, INC.



Principal Place of Business

Mailing Address

2300 GLADES RD.
SUITE 400 WEST
BOCA RATON FL 33431

2300 GLADES RD.
SUITE 400 WEST
BOCA RATON FL 33431

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5524 S. FLAMINGO RD

26 5524 S. FLAMINGO RD

4. FEI Number

65-0615527

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 COOPER CITY, FL

27 COOPER CITY, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33330

25 USA

29 33330

30 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FAX (54) 791-9506 NEAL R. KALIST ASSOCIATES
CHAPMAN, SCOTT B
2300 GLADES RD.
SUITE 400 WEST
BOCA RATON FL 33431

KLEIMAN M. SCOTT
7320 GRIFFIN ROAD
DAVIE, FLA. 33314
(54) 791-0477

81 Name

NEAL R. KALIST ASSOCIATES
M. SCOTT KLEIMAN

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

7320 GRIFFIN ROAD

83

DAVIE FLA 33314

84

City (54) 791-0477 FAX (54) 791-FL 0477

85 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:

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

M. Scott Kleiman

(NOTE: Registered Agent signature required when reinstating)

4/12/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRES. / SECY. ☐ DELETE

NAME DAVID M. MANN
STREET ADDRESS 5524 S. FLAMINGO RD.
CITY-ST-ZIP COOPER CITY, FL 33330

1.1 TITLE ☐ Change ☐ Addition

TITLE V. PRES. ☐ DELETE

NAME JUDITH L. MANN
STREET ADDRESS 5524 S. FLAMINGO RD.
CITY-ST-ZIP COOPER CITY, FL 33330

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

4-11-96

954-680-6000

Date

Daytime Phone #

CR2E034 (12/95)