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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

POCUMENT # P96000015153 (5)

CEZAR AUTO REPAIR CORP.

Principal Place of Business

Mailing Address

FILED Apr 28 1997 8:00am Secretary of State



1158 N.E. 24TH STREET WILTON MANORS FL 33305					1158 N.E. 24TH STREET WILTON MANORS FL 33305-2251											
											Date Incorporated or Qualified 3a. Date of Last Report 02/19/1996				eport	
2. Principal Place of Business					2a. Mailing Address					4. F	El Number	,	T	Ap	plied For	
21				26						<u> </u>				t Applicable		
Suite, Apt. #, etc.				27						5. C	Certificate of Status Desired		Fee Required			
City & State	23				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution □ Added to Fees						
Zip 24	Country 25				Zip Country 29 30			ry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No Incomplete the state of the stat						
			ss of Curre	nt Registe		10. Name and Address of New Registered Agent										
	EM, SCOTT						8	1 Name	Lu	ıis	C. Sinder					
3284 NORTH STATE ROAD 7							8		Address	s (P.C). Box Number is Not Accep	table)				
LAUDERDALE LAKES FL 33319							8	1	158	Ν	E. 24 Street	··· · · · ·				
							ľ	1								
· ·							8					E	EL 85	Zip (
11. Pursuant t	to the provise	ns of Sec	tions 68/050)2 and 60	7.1508 Flor	ida Statutes	the abo	we-named	LTCO	ation	Manors submits this statement for th			ئۆك ئازىمىند	305 s registered	
office or re	egistered to	et or poli	n, in the State	of Florida	Such cha	inge was auf	horized i	by the con	poration	n's bo	submits this statement for the ard of directors. I hereby ac	cept the	appointme	int as	registered	
1.	. <i>USTN</i> 1	16010	10	ations of,	Occion og	7,0000,11011	aa otatoi	03.			\checkmark	nok	4-91	フ		
SIGNATURE	Signal in	panistra d	of registered ag	ent and life if	applicable	(NO1E F	Registered A	gent signature	rodnied /	when re	instaling)	DAT	1 0			
12.		C	FFICERS AN	D DIREC			13.		т——	AD	DITIONS/CHANGES TO OF	FICERS A				
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NAME			inder,		s C.		1.2 NAM									
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CITY-ST-ZIP	L						6.4 CITY	-SI-ZIP	J,							

4. I do 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiper 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 in placed or in an alcohometric with an address.

All Walls

V 03/04-9