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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000020188 (4) DOCUMENT #

MUFFLER MASTERS OF DANIA, INC. Principal Place of Business

Mailing Address

2a. Mailing Address

1419 SOUTH FEDERAL HIGHWAY DANIA FL 33004

2. Principal Place of Business

SIGNATURE:

1419 SOUTH FEDERAL HIGHWAY DANIA FL 33004

FILED Apr 17 1998 8:00am Secretary of State

|--|--|

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

03/05/1996 FEI Number

21		26					65-0648052	No	ot Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					5. Continents of States Bosines	Fee Re	equired
City & State	•		ity & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution	Added	
Zip	Country		ip	-	untry		8. This corporation owes or has baid the cu		
24	9. Name and Address of Curre	29	red Agent	30	т—		Personal Property Tax due June 30. 10 Name and Address of New Registered		No
		III Leditre	ISO AGSIIL		81	Name	10. Hame and Adolese of Hew Registered	Agent	
AMERILAWYER CHARTERED						1400110			
343 ALMERIA AVENUE					82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
G	CORAL GABLES FL 33134								
					83				
					84	City	Fi	85 Zip	Code
44 D	007.05	00 007	1600 Fields Dist.		\Box				
office or r	egistered agent, or both, in the State	e of Florida.	. Such change was a	authorize	d by	the corpor	rporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	pointment as	registered
agent. I a	m lamiliar with, and accept the obliq	jations of, S	Section 607.0505, Fl	orida Sta	tutes	i			
SIGNATURE		···							
12.	Signature, typed or printed name of registered ac OFFICERS AN			13.	eg Age	nt signature req	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	20 IN 12
TITLE	PD	O DIRECT	DELETE	1,11	TLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	CRESCENZO, ARNIEL S				IAME				
STREET ADDRESS	1419 SOUTH FEDERAL HIG	HWAY				ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	1117/11		•	MY-S				
TITLE	V		DELETE	2.13		1-231		Change	Addition
NAME	CRESCENZO, KAREN				IAME			-3	
STREET ADORESS	1419 SOUTH FEDERAL HIG	HWAY		1 1		ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	1114111			CITY-S				
TIFLE	ST ST		DELETE	3.11		01-5%		Change	Addition
NAME	CRESCENZO, MICHAEL N		_	- 6	AME	ſ			
STREET ADDRESS	1419 SOUTH FEDERAL HIG	YAWH				ADDRESS			
CITY-ST-ZIP	DANIA FL 33004	•••••		•	CiTY - S	[
TITLE			DELETE		ITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	☐ Addition
NAME					NAME	}			•
STREET ADDRESS					-	ADDRESS			
City-St-ZIP					CITY-S				
TITLE			DÉLETE	_	ITLE			Change	Addition
NAME				521	VAME	1			
STREET ADDRESS				5,3	STREET	ADDRESS			
CITY-ST-ZIP				- 8	CITY-S	- 1			
TIFLE			DELETE		ITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME	ı			621	MAME	ł			
STREET ADDRESS				63	STREET	ADDRESS			
CITY-ST-ZIP					CITY-S				
14. I hereby	certify that the information supplied	th this file	ng does not qualify f	or the ex	emp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information
indicated officer or Block 12	on this annual report or supplement director of the corporation or the re- or Block 13 if changed, or on an at-	tal annual ceiver or tru achurint w	eport is true and acc istee empowered to Man address	curate a execute	nd this	at my signa report as re	in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made to equired by Chapter 607, Florida Statutes; and that	inder oath; th t my name ar	nat I am an opears in