## 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** 

DOCUMENT # 1. Corporation Name P96000025498 (2)

MIREK'S EUROPEAN AUTO REPAIR, INC.

Principal Place of Business	Mailing Address
6330 PAWLING AVE.	6330 PAWLING AVE.
PORT RICHEY FL 34668	PORT RICHEY FL 34668

## **FILED** Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address		{							
6330 PAWLING AVE. 6330 PAWLING AVE. PORT RICHEY FL 34668 PORT RICHEY FL 34668				1 2					
		PORT RICHEY FL 34668				DO MOT WORKS IN THE OR AGE			
						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualified 03/18/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	ΙΔ	pplied For	
21 26					59-3367781		ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.			~ ——				Additional		
22					5. Certificate of Status Desired		equired		
City & State City & State			·····		6. Election Campaign Financing	\$5.00	May Be		
23		28	28			Trust Fund Contribution		to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid the cu			
24	25		L			Personal Property Tax due June 30. 🔲 Yes 🔊 No			
	9. Name and Address of Curre	nt Registered Agent		84 6		10. Name and Address of New Registered	Agent		
	BOLOTNY, STEVE		į	81 1	Name			İ	
8800 49TH STREET NORTH, SUITE 406-5			-	<b>82</b> S	Street Addres	ss (P.O. Box Number is Not Acceptable)			
P#N	IELLAS PARK FL 34666								
				83				Į.	
	,			84 (	City		85 Zip	Code	
				j	·	FL	.		
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 agr	ent and title if anohoable (NOTF:	Registered	Agent s	bariuper equirad	when reinstating) DATE			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	
TITLE	Р	DELETE	1.1 TITLE				Change	Addition	
NAME	GORTYCH, MIROSLAW		1.2 NA	ME				ľ	
STREET ADDRESS	6330PAWLING AVE		1.3 STE	ICA 133F	DRESS				
CITY-ST-ZIP	PORT RICHEY FL		1.4 CH	Y-S1-Z	TP P				
TITLE		☐ DELETE	2.1 TITI	LE			Change	Addition	
NAME			22 NA	ME					
STREET ADDRESS			2.3 STR	REET ADO	DRESS				
CITY-ST-ZIP			2. 4 CIT	IY-ST-Z	?IP				
TITLE		☐ DELETE	3.1 TITI	LE			Change	Addition	
NAME			3.2 NAM	ME					
STREET ADDRESS			3.3 STREET		DRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		Y-ST-Z	ZIP		·		
TALE		☐ DELET <b>E</b>	4.1 111(				Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS		·				
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		IP		T (	- Addain	
TITLE			5.1 TITLE		İ		☐ Change	Addition	
NAME OTRET ADORESE			5.2 NAM		20500			j	
STREET ADDRESS				IEET ADD					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITL	Y-ST-ZI	Ir		Change	Addition	
NAME							- Cuange	Addition	
STREET ADDRESS			6.2 NAA		ADCCC .				
				DDA 133					
CITY+ST-ZIP			6.4 CITY	Y - ST - ZI	ır j				

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 address.