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Jan 22 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000038943 (2)

1. Corporation Name
GENE'S KAR SHOP, INC.



Principal Place of Business: 2070 NW 139 STREET OPA LOCKA FL 33054
Mailing Address: 2070 NW 139 STREET OPA LOCKA FL 33054 P.O. Box 693094 MIAMI FL 33269

3. Date Incorporated or Qualified: 05/01/1996
3a. Date of Last Report

2. Principal Place of Business: 2070 NW 139 ST
2a. Mailing Address: P.O. Box 69-3094

4. FEI Number: 65-0686113
Applied For: Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: OPA-LOCKA FLA
27. City & State: MIAMI FLA.

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 33054 Country: USA
29. Zip: 33269 Country: USA

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

9. Name and Address of Current Registered Agent: COGGINS, LARRY E 2070 NW 139 STREET OPA LOCKA FL 33054

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address, B3, B4 City, B5 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: Larry E. Coggins (typed name) Larry E. Coggins (handwritten signature) 1-14-97 (date)

Table with 2 main columns: OFFICERS AND DIRECTORS (Block 12) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Block 13). Each row contains fields for Title, Name, Street Address, and City-ST-ZIP, with checkboxes for 'DELETE', 'Change', and 'Addition'.

14. 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 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, unchanged, or as an attachment with an address.

SIGNATURE: Larry E. Coggins (typed name) Larry E. Coggins (handwritten signature) 1-14-97 (date) 205-6859507 (daytime phone #)

CR2E034 (9/96)