## 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

## FILED Apr 24 1998 8:00am Secretary of State

		# P96000	0613	16 (1)			
Principal Plac	e of Busines	s	Mailing A	ddress	· · · · · · · · · · · · · · · · · · ·		
10777 A E. H	WY 40		10777 A	E. HWY 40			
SILVER SPRIN		3	SILVER S	SPRINGS FL 34488			
						DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
						07/15/1996	
2. Principal P	lace of Busin		2a. Mailin	a Address		4. FEI Number	Applied For
21			26	•		NOT APPLICABLE	Not Applicable
Sulte, Apt. #, etc.			<del></del>	Apt. #, etc.			\$8.75 Additional
22			27			5. Certificate of Status Desired	Fee Required
City & State			City &	State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip Country		Zip			8. This corporation owes or has paid the o	current year Intangible
24		25	29	3	0	Personal Property Tax due June 30.	Yes No
		and Address of Current	Registered A	lgent		10. Name and Address of New Registere	d Agent
POSAR, JENNIFER L   81   Name							
						Idress (P.O. Box Number is Not Acceptable)	····
SILVER SPRINGS FL 34488							
					69		
					84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 are							
11. Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both, in the State of Fig. agent. I am familiar with, and accept the obligation:							
SIGNATURE  Signature, typed or printed name of registered agent and  12. OFFICERS AND DIF  TITLE PS  BOYAN LAURA  ROYAN LAURA							
12.	Signature, Typiec	OFFICERS AND	DIF .	$\mathcal{A}_{\ell}$	ddress.	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PS		- Ne	$\mathcal{W} = \mathcal{W}$			☐ Change ☐ Addition
NAME	BOYAN,	LAURA	7				
STREET ADDRESS		ie 19th st ave			•		İ
CITY-ST-ZIP	28 SILVER SPRINGS FL 34488 11WY 40 AUTO REPAIR					INC -	
TITLE	P					INC	Change Addition
NAME	BOYAN,			18018 East	Hwy 40		
STREET ADDRESS		IE 19TH ST AVE		Silver Sprin	gs, [4], 34488		
CITY-ST-ZIP	SILVER	SPRINGS FL 34488	<del></del>	(352) 625-0		·	Observe Distriction
TITLE	:			U vritere	3.1 TITLE		Change Addition
NAME CYDDET ADDRESS					3.2 NAME		
STREET ADDRESS					3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
CITY+ST-ZIP TITLE				DELETE	4.1 TITLE		Change Addition
NAME					4. 2 NAME		
STREET ADDRESS					4.3 STREET ADDRESS		
CITY-ST-ZIP					4.4 CITY-SY-ZIP		
TITLE		*******		DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME		
STREET ADDRESS					5.3 STREET ADDRESS		
CITY-\$T-ZIP					54 CITY-ST-ZIP		
TITLE				DELETE	61 TITLE		Change Addition
NAME					62 NAME		
STREET ADDRESS					6.3 STREET ADDRESS		
CITY-ST-ZIP					6.4 CITY - ST - ZIP		
14 I haraby o	artifu that th	a information europied wil	h thie filing do	ae nat auglitu far i	the exemption stated i	in Section 110 07/3\fi) Florida Statutes I further	cortify that the information

14. 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.

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