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 # P96000088790 (6)

VILLAGE AUTOWORKS, INC.

Principal Place of Business

FILED Feb 06 1998 8:00am Secretary of State



1880 79TH STREET CAUSEWAY NORTH BAY VILLAGE FL 33141			1890 79TH STREET CAUSEWAY NORTH BAY VILLAGE FL 33141							
						DO	NOT WRITE IN T	HIS SPACE		
						3. Date Incorporated	or Qualified			
						10/25/1996_				
2. Principal Place of Business			. Mailing Address			4. FEI Number			Ap	olied For
n			28			45-707-7005	65-0704	1032	No	Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status	s Desired 🔀	\$8	.75 A	dditional
22		27				Certificate of Status	s Desired 🔼	F	ee Re	quired
City & State	9		City & State			6. Election Campaign	Financing	\$!	5.00	May Be
23		28				Trust Fund Contribu	ution 🗀		dded to	
Zip	Country		Zip	Cou	ntry	8. This corporation ow	ves or has paid the	e current ye	ar Inte	ngible
4	25	29		30		Personal Property T	Tax due June 30.	☐ Yes		No
	9. Name and Address of	of Current Regis	stered Agent			10. Name and Addres	s of New Registe	red Agent		
DF	FABIO, GEORGE J				81 Name					
2121 PONCE DE LEON BLVD. SUITE 430					-					
					82 Street A	dress (P.O. Box Number is Not Acceptable)				
					83					
CU	RAL GABLES FL 33134				"					
					84 City			- 85	Zip C	ode
			····			corporation submits this staten		FL 👸		
	m (amiliar with, and accept)		ida. Such chan ge w a of, Section 607.0505,		ites.		,			
agent. I as SIGNATURE		the obligations of	of, Section 607.0505,	, Florida Stat		required when reinstaling)		NE		
agent. I a	m familiar with, and accept to signature, typed or printed name of re-	the obligations of	of, Section 607.0505, of applicable. CTORS	, Florida Stat			Da		CTOR	3 IN 12
agent. I ad SIGNATURE 12.	m familiar with, and accept to signature, typed or printed name of re-	the obligations of	of, Section 607.0505,	Florida Stat	Agent signature i	required when reinstalling)	Da			3 IN 12
agent. I at SIGNATURE 12.	m familiar with, and accept to familiar with, and accept to familiar with anno of re	the obligations of	of, Section 607.0505, of applicable. CTORS	, Florida Stat	Agent signature i	required when reinstalling)	Da	AND DIRE		
agent. I at SIGNATURE 12. TITLE NAME	Mamiliar with, and accept to signature, typed or printed name of re-	the obligations of	of, Section 607.0505, of applicable. CTORS	NOTE: Registerer 13. 1.1 Ti 1.2 NA	Agent signature i	required when reinstalling)	Da	AND DIRE		
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Mamiliar With, and accept to signature, typed or printed name of re- OFFIC D LAM, MARTIN E	the obligations of	of, Section 607.0505, of applicable. CTORS	NOTE: Registered 13. 1.1 TI 1.2 NA 1.3 ST	Agent signature of	required when reinstalling)	Da	AND DIRE		
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, of applicable. CTORS	NOTE: Registered 13. 1.1 TI 1.2 NA 1.3 ST	Agent signature LE ME REET ADDRESS Y-ST-ZIP	required when reinstalling)	Da	AND DIRE	ange	
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, te if applicable. (f CTORS DELETE	Florida Stat NOTE: Registerer 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange	Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, te if applicable. (f CTORS DELETE	NOTE: Registered 13. 1.1 III 1.2 N/ 1.3 ST 1.4 CI 2.1 III 2.2 N/	Agont signature t ME REET ADDRESS Y-ST-ZIP LE ME	required when reinstalling)	Da	AND DIRE	ange	Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, te if applicable. (f CTORS DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.2 N/ 2.3 ST	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	required when reinstalling)	Da	AND DIRE	ange	Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, te if applicable. (f CTORS DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.2 N/ 2.3 SI 2.4 CI	Agont signature ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP	required when reinstalling)	Da	AND DIRE	ange ange	Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, ie it applicable. (f CTORS DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.1 TI 4.2 TI 4.3 TI 4.4 CI 4.5 TI 5.5 TI 6.5 TI 6.5 TI 7.5 TI	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE LE LE LE LE LE LE LE LE L	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, ie it applicable. (f CTORS DELETE	NOTE: Registered 13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TF 2.2 N/ 2.3 ST 2.4 CG 3.1 TII 3.2 N/ 3.3 ST	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME ME	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, ie it applicable. (f CTORS DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 II 2.2 N/ 2.3 ST 2.4 CI 3.1 TO 3.2 N/ 3.3 ST	Agont signature ME ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME ME ME ME ME ME ME	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 ST 2.4 CI 3.1 TI 3.2 N/ 3.3 ST 3.4 CI 3.4 CI	Agont signature ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-S1-ZIP LE ME ME REET ADDRESS IY-S1-ZIP	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, ie it applicable. (f CTORS DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 If 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 III	Agont signature LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME ME REET ADDRESS LY-ST-ZIP LE ME ME REET ADDRESS LY-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 If 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 III 4.2 N/ 4.2 N/	Agont signature LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME ME ME ME ME ME ME ME ME	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 If 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 III 4.2 N/ 4.3 ST	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f. CTORS DELETE DELETE DELETE DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 III 4.2 N/ 4.3 ST 4.4 CI	Agont signature LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME ME ME REET ADDRESS LY-ST-ZIP LE ME M	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition Addition
agont. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE	NOTE: Registered 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 II 2.2 N/ 2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 III 4.2 N/ 4.3 ST 4.4 CI 5.1 TII	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition
agont. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f. CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 SI 2. 4 CI 3.1 TII 3.2 N/ 4.2 N/ 4.2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 N/	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME REET ADDRESS IY-ST-ZIP LE ME ME ME REET ADDRESS IY-ST-ZIP LE ME ME ME	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition Addition
AGONT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f. CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 SI 2.4 CI 3.1 III 3.2 N/ 4.2 N/ 4.2 N/ 4.3 ST 4.4 CI 5.1 TIII 5.2 N/ 5.3 ST	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition Addition
agent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 IF 2.2 N/ 2.3 SI 2.4 CI 3.1 III 3.2 N/ 4.2 N/ 4.2 N/ 4.3 ST 4.4 CI 5.1 III 5.2 N/ 5.3 ST 5.4 CI	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	required when reinstalling)	Da	AND DIRE	ange ange ange	Addition Addition Addition Addition
AGONT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f. CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 If 2.2 N/ 2.3 SI 2.4 CI 3.1 III 4.2 N/ 4.3 ST 4.4 CI 5.1 TIII 5.2 N/ 5.3 ST 5.4 CI 6.1 III	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange ange	Addition Addition Addition
AGONT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 If 2.2 N/ 2.3 SI 2.4 CI 3.1 TII 4.2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 N/ 5.3 ST 5.4 CI 6.1 III 6.2 N/	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange ange ange	Addition Addition Addition Addition
AGONT. I AI SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of re OFFIC D LAM, MARTIN E 375 N.E. 161 STREET	the obligations of	of, Section 607.0505, in it applicable. (f CTORS DELETE DELETE DELETE DELETE	NOTE: Registerer 13. 1.1 II 1.2 N/ 1.3 ST 1.4 CI 2.1 II 2.2 N/ 2.3 SI 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI 4.1 TII 4.2 N/ 5.3 ST 5.4 CII 6.1 TII 6.2 NA 6.3 ST	Agont signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	required when reinstalling)	Da	AND DIRE	ange ange ange	Addition Addition Addition Addition

indicated on this annual reportor supplemental annual rep officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changing or on an attachment with of repot is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an in trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1-28-98 (305) 868 0200