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

PROFIT CORPORATION ANNUAL REPORT



TLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000101967 (3)

SUPERI	OR AUTO BODY OF CE	NTRAL FL INC.	•			
Principal Place	e of Business	Mailing Address			III <b>arie</b> u liain <b>tain</b> t ita	IO PORTO DIALI TODI TODI
3907 EL REY RD #C ORLANDO FL 32908		3907 EL REY RD #C ORLANDO FL 32808		DO NOT W	'RITE IN THIS SPA	ACE
				3. Date Incorporated or Qualif	ied	
	_			12/17/1996		
	lace of Business	2a. Mailing Address		4. FEI Number		Applied For
21	# ata	Suite, Apt. #, etc.	<del></del>	<u>59-3417585</u>		Not Applicable
Sulte, Apt. #, etc.		27		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financir	ng	\$5.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or ha	, , , , , , , , , , , , , , , , , , ,	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due .  10. Name and Address of Nev		
-00	DRIGUEZ-PADLO	Tent negletored Agent	81 Name			
- NO	-46 A PHILIPY		82 Street Add	RAHAM. BAH	EL.	
ORI	LANDO FL 92863		3 9 0	ress (P.O. Box Number is Not Acor 7 EL REV R.d.	(ptable)	
	<b>.</b>		83	7		
			84 City	/ n ./ N n	8	5 Zip Code
	(6.7	0000 - 1 007 000 Ft - 1 000	OR	[ANDO	FL °	32808
SIGNATURE	Signature, typed or pointed mane of the instead	H-20-9 8 Hagent and little of specialists (N	Figinda Statules. OIL Breistered Agert signature requi		DATE	
12.	PD OFFICERS.	AND DIRECTORS  DELETE	13. 1.1 I/ILE	ADDITIONS/CHANGES TO C		Change Addition
NAME	BAKER, GRAHAM		1.2 NAME			onongo 🚉 raomon
STREET ADDRESS	440 MISTY MEADOW		1,3 STREET ADDRESS			
CITY-ST-ZIP	OCOEE FL 34761		1.4 C(1Y - ST - Z(P			
TITLE	VD.	DILETE	2.1 TITLE			Change
NAME	SINGH, KRISHNA		2.2 NAME			
STREET ADDRESS	440 MISTY MEADOW OCOEE FL 34761		23 STREET ADDRESS			
CITY-ST-ZIP TITLE	330EE   E 07/01	DELETE	2. 4 CHY-ST-7IP 3.1 THEF			Change
NAME			3.2 NAME			-
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 7(TLE			Change [] Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST+ZIP 5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C/TY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 trusted 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.

6.4 CITY-ST-ZIP

11.

(MA) 18/-728

**FILED** 

May 11 1998 8:00am

Secretary of State