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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000025363

A THRU Z AUTO REPAIR, INC.

Principal Pl	ace of	Business
10965 US 1		
PORT STILL	CIE EI	24052

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90175 047 ***150.00



Status S					
10956 US 1 PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Principal Place of Business 2. Certificate of Status Desired \$5.7 Fee Science	TO BUILD HUI LEDI				
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 03/21/1997 3. Date Incorporated or Qualified 03/21/1997 4. FEI Number 65-0736457 5. Certificate of Status Desired \$8.7. Fee City & State 2. Country 2. Zip 2. Country 2. Zip 2. Country 3. Date Occurring Country 3. Date Occurring Country 4. FEI Number 65-0736457 6. Certificate of Status Desired \$8.7. Fee This corporation owns the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Acceptable 86 City 87 Acceptable 87 Name 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Name and Address of Note Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Acceptable 86 City 87 Acceptable 87 Name 88 Name, Number is Not Acceptable 88 Name, Number is Not Acceptable 89 Name and Address of Number is Not Acceptable 89 Name and Address of Number is Not Acceptable 80 Name and Address of Number is Not Acceptable 80 Name and Address of Number is Not Acceptable 81 Name 82 Street Address (P.O. Box Number is Not Acceptable 82 Name and Address (P.O. Box Number is Not Acceptable 83 Name and Address (P.O. Box Number is Not Acceptable 84 City 85 Name and Address (P.O. Box Number is Not Acceptable 85 Name and Address (P.O. Box Number is Not Acceptable 86 Name and Address (P.O. Box Number is Not Acceptable 87 Name and Address (P.O. Box Number is Not Acceptable 88 Name and Address (P.O. Box Number is Not Acceptable 89 Name and Address of Number is Not Acceptable 89 Name and Address (P.O. Box Number is Not Acceptable 80 Name and Address of Number is Not Ac					
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 55-0736457 \$8.7					
2. Principal Place of Business	ţ				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Se. Fee City & State Ci	Applied For				
27	Not Applicable				
City & State City & State City & State City & State City & State City & State City & State City & Stat	5 Additional				
Zip Country Zip Country Street Address of Current Registered Agent Street Address of Current Registered Agent Street Address of Now Registered Age	Required				
Zip Country Zip Country Zip Country B. This corporation owes the current year intangible Personal Property Tax. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent BRANA, STEVEN M 10965 US 1 PORT ST LUCIE FL 34952 84 City FL 85 2 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent agent and time if explained was authorized by the corporation's board of directors. I hereby accept the appointment agent a	0 May Be ed to Fees				
25	d to rees				
BRANA, STEVEN M 10965 US 1 PORT ST LUCIE FL 34952 11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. Lam familiar with, and accept the obligations of, Section 607.0507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607.0507, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent and time if replicable. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY. ST. ZP PSL FL 34952 14. CITY. ST. ZP PSL FL 34952 15. TITLE PROPERTY ADDRESS CITY. ST. ZP PSL FL 34952 15. TITLE 15	ØNo I				
BRANA, STEVEN M 10985 US 1 PORT ST LUCIE FL 34952 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. CITY. ST. ZIP PSL FL 34952 15. TITLE PANAME BRANA, STEVEN M 15. STREET ADDRESS CITY. ST. ZIP PSL FL 34952 16. CITY. ST. ZIP DELETE 17. TITLE 17. CHART 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. STREET ADDRESS 10. CHART 10. CHART 11. TITLE 12. CHART 13. STREET ADDRESS 14. CITY. ST. ZIP 14. CITY. ST. ZIP 15. CHART 16. CHART 17. ST. ZIP 18. CHART 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. CHART 19. CH					
10965 US 1 PORT ST LUCIE FL 34952 82 Street Address (P.O. Box Number is Not Acceptage) 83 84 City FL 85 a 85 city FL 85 a 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered sgent and site if septicable (NOTE, Registered Agent Signifure required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TITLE Characteristics and the septiment agent signifure required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. TITLE Characteristics and the septiment agent and size if septiment agent and size if septiment agent ag					
PORT ST LUCIE FL 34952 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signaturii, hyper or printed name of registered agent and title if applicable (NOTE: Registered Agent agrinture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE P NAME BRANA, STEVEN M STREET ADDRESS CITY-ST-ZPP ANAGE MANGROVE, MICHAEL 13. STREET ADDRESS CITY-ST-ZPP DELETE 11. TITLE ANAGE 12. NAME MANGROVE, MICHAEL 22. NAME 32. STREET ADDRESS CITY-ST-ZPP DELETE 31. TITLE ANAGE 12. NAME ANAGROVE, MICHAEL 22. NAME 33. STREET ADDRESS CITY-ST-ZPP DELETE 31. TITLE ANAGE ANAGE ANAGE ANAGE ANAGE CITY-ST-ZPP DELETE 11. TITLE ANAGE					
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 was authorized by the corporation's board of directors. I hereby accept the appointment a agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when reinstating) DATE					
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Bignature required when reinstating) DATE					
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pirried name of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) DATE	ip Code				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Doard of directors. Thereby accept the appointment of agent, and accept the obligations of, Section 607.0505, Florida Stratutes. SIGNATURE Signature, typed or printed name of registered agent and title if eppicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS DELETE TITLE P NAME BRANA, STEVEN M 2232 SE HOLLAND ST TITLE VP DELETE TITLE VP DELETE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE VP MANGROVE, MICHAEL 476 NW RAVENS WOOD LN 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME AG CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS S	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS DELETE TITLE P NAME BRANA, STEVEN M 2232 SE HOLLAND ST TITLE VP DELETE TITLE VP DELETE TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TITLE VP MANGROVE, MICHAEL 476 NW RAVENS WOOD LN 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE NAME AG CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS S					
TITLE P	TOPS IN 12				
BRANA, STEVEN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE STREET ADDRESS	ge □ Addition				
STREET ADDRESS	·				
CITY-ST-ZIP					
TITLE					
MANGROVE, MICHAEL	ge Addition				
STREET ADDRESS 476 NW RAVENS WOOD LN 2.3 STREET ADDRESS					
TITLE	. .				
TITLE	<u></u>				
STREET ADDRESS 3.3 STREET ADDRESS	ge 🗌 Addition				
CITY-ST-ZIP	· [-				
TITLE DELETE 4.1 TITLE Char NAME 4.2 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Char NAME 5.2 NAME 5.3 STREET ADDRESS					
NAME					
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS	ge Addition				
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE 5.1 TITLE NAME 52 NAME 53 STREET ADDRESS					
TITLE , □ DELETE 5.1 TITLE □ Chair NAME 5.2 NAME 5.3 STREET ADDRESS					
NAME 52 NAME 53 STREET ADDRESS	ge [] Addition				
S 2 STREET ADDRESS	20 Dividuality				
STREET ADDRESS	1				
6 A CITY OT 7/D					
TITLE DELETE 6.1 TITLE Char	ge Addition				
NAME 62 NAME					
STREET ADDRESS 6.3 STREET ADDRESS					
CITY-ST-ZIP 6.4 CITY-ST-ZIP					

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 chapted, or on an attachment with an address, with all other like empowered.