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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANN   | 1998  | F. /                             | ry of State<br>CORPORATIONS      | Secret   | ary of State                     |
|---|---|----------------------------------|----------------------------------|--|----------------------------------|
| i i   | MENT # P97000<br>NELLO AUTO BODY INC.               | 0032957 (7)                      |                                  |  |                                  |
|   |   |                                  |                                  |  |                                  |
| Principal Place of Business Mailing Address                                       |   |                                  |                                  |  |                                  |
| 809 NE 45TH STREET 809 NE 45TH STREET OAKLAND PARK FL 33334 OAKLAND PARK FL 33334 |   |                                  | 4                                |  |                                  |
|   | 7111 1 E 99991                                      | ORIGINAL FAMILY E 4000           | •                                |  | E IN THIS SPACE                  |
|   |   |                                  |                                  | 3, Date Incorporated or Qualified 04/11/1997   |                                  |
| <del> </del>  | Place of Business                                   | 2a. Mailing Address              |                                  | 4. FEI Number  | Applied For                      |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.              |                                  | 65-0743173   | Not Applicable                   |
| 22  | π, οιο.   | 27 Suite, Apr. #, etc.           |                                  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Regulred   |
| City & Sta  | te  | City & State                     |                                  | 6. Election Campaign Financing   | \$5.00 May Be                    |
| Zip   | Country   | <b>Z</b> ip                      | Country                          | Trust Fund Contribution  | Added to Fees                    |
| 24  | 25  | 29                               | 30                               | This corporation owes or has particular Personal Property Tax due June                 |                                  |
|   | 9. Name and Address of Current                      | Registered Agent                 |                                  | 10 Name and Address of New Ro  |                                  |
| CORPORATE CREATIONS ENTERPRISES, INC.  81 Name                                    |   |                                  |                                  | TOE SERRANO  |                                  |
| 4521 PGA BLVD. #211   |   |                                  | 82   Street Ad                   | dress (P.O. Box Number is Not Acceptal   |                                  |
| PA  | LM BEACH GARDENS FL 33418                           |                                  | 83                               | 09 NE 45TH ST  | RECT                             |
|   |   |                                  |                                  |  | •                                |
|   |   |                                  | 84 City                          | PAKLAND PARK   | FL 85 Zip Code                   |
| 11. Pursuant  | to the provisions of Sections 697.0502              | and 607.1508, Florida Statute    | es, the above-named co           | rporation submits this statement for the   |                                  |
| agent. I a  | im familiar with, and accept the obliga-            | tions of Section 607.0505, Flo   | rida Statutes.                   | rporation submits this statement for the all alion's board of directors. I hereby acce | pt the appointment as registered |
| SIGNATURE   | Signature typed or printed name of registered agent | t and title if applicable. (NOTE | Registered Agent a gnature req   | LSIDANT  | 1-12-98                          |
| 12.   | OFFICERS AND  |                                  | 13.                              | ADDITIONS/CHANGES TO OFFIC   | DATE<br>CERS AND DIRECTORS IN 12 |
| TITLE   | 0   | ☐ DELFTE                         | 1.1 TITLE                        |  | Change Addition                  |
| NAME  | SERRANO, JOE  |                                  | 1.2 NAME                         |  |                                  |
| STREET ADDRESS  | 809 NE 45TH STREET<br>OAKLAND PARK FL 33334         |                                  | 1.3 STREET ADDRESS               |  |                                  |
| CITY-ST-ZIP   | D D   | DELETE                           | 1.4 CITY - ST - ZIP              |  | 0                                |
| NAME  | SANTANA, RICHARD                                    |                                  | 2 1 TITLE<br>2.2 NAME            |  | Change Addition                  |
| STREET ADDRESS  | 809 NE 45TH STREET                                  |                                  | 2.3 STREET ADDRESS               |  |                                  |
| CITY-ST-ZIP   | OAKLAND PARK FL 33334                               |                                  | 2. 4 CITY - ST - ZIP             |  |                                  |
| TITLE   |   | ☐ DELETE                         | 3.1 TITLE                        |  | Change Addition                  |
| NAME  |   |                                  | 3.2 NAME                         |  |                                  |
| STREET ADDRESS  |   |                                  | 3.3 STREFT ADDRESS               |  |                                  |
| City-St-ZiP   |   |                                  | 3 4. CITY - ST - ZIP             |  |                                  |
| TITLE   |   | ☐ DELETE                         | 4.1 TITLE                        |  | Change Addition                  |
| NAME<br>STREET ADDRESS  |   |                                  | 4. 2 NAME                        |  |                                  |
| STREET ADDRESS<br>CITY - ST - ZIP   |   |                                  | 4.3 STREET ADDRESS               |  |                                  |
| TITLE   |   | DELETE                           | 4.4 C(TY - ST - ZIP<br>5.1 TITLE |  | Change Addition                  |
| NAME  |   |                                  | 5.2 NAME                         |  | □ suas@s □ vocutioti             |
| STREET ADDRESS  |   |                                  | 5.3 STREET ADDRESS               |  |                                  |
| CITY-ST-ZIP   |   |                                  | 5.4 CiTY-ST-ZIP                  |  |                                  |
| TITLE   |   | ☐ DELETE                         | 6.1 TITLE                        |  | ☐ Change ☐ Addition              |
| MARIE   |   |                                  |                                  |  |                                  |

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 coeroration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

**FILED** 

Feb 02 1998 8:00am