FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED Jul 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE
Sandra B. Mort am CORPORATION Secretary of State ANNUAL REPORT Secretary of St DIVISION OF CORPORATIONS 1998 P97000034004 (6) DOCUMENT # BAILEYS AUTO SERVICE, INC. Principal Place of Business Mailing Address 991 S. SR 7. #18G 991 S. SR 7, #18G PLANTATION FL 33317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1997 2. Principal Place of Business 2a. Mailing Address Applied For 719 N.W Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible 🗹 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BAILEY, MICHAEL 991 S, SR 7, #18G 82 **PLANTATION FL 33317** 83 84 City AUDERGALE 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 (NOTE: Registered Agent signature required when reinstating) (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE 11 TITLE BAILEY, MICHARL 719 NW 15 STREET BAILEY, MICHAEL 1.2 NAME NAME CR2E034 991 S. SR 7. #18G 1.3 STREET ADDRESS STREET ADDRESS FT LANDERSALE, FC 33311-9001 PLANTATION FL 33317 1.4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

14. Thereby 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. Block 12 or Block 13 if changed, or on an altachment

5.3 STREET ADDRESS

54 CITY-ST-ZIP

6.4 CHY-SI-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

3-48 - 5725

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***150.00

Change

Addition