## 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 # P9700063110 (5)

## FILED Feb 09 1998 8:00am Secretary of State

	S AUTO REPAIR, INC.					
Principal Place of Business  CHE NORTH DIXIE HIGHWAY  WILTON MANORS FL 33305		Mailing Address  2546 NORTH DIXIE HIGHWAY WILTON MANORS FL 33305		DO NOT WRITE IN TH		
					3. Date Incorporated or Qualified	
	Place of Business	2a. Mailing Address			07/22/1997 4. FEI Number	Applied For
21		26			65-0769438	Not Applicable
Sulte, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required	
23	-10	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	int Hegistered Agent	81	Name	10. Name and Address of New Registers	d Agent
	MERILAWYER CHARTERED  13 ALMERIA AVENUE					
	ORAL GABLES FL 33134		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		■ 85 Zip Code
44 Dissess	10	000 1007 1500 5		-	F	
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 region 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
		gations of, Section 607.0505, Flor	nda Statutes	S.		
SIGNATURE	Signature, typod or punted name of registered ag	ont and time if applicable (NOTE:	Registered Age	int signature requ	red when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PSTO	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME OVERT AND	,	v	12 NAME			
CITY-ST-ZIP	WILTON MANORS FL 33305	•	1.3 STREET 1.4 City - S			ļį
TITLE		DELETE	2.1 TITLE	1.711		Change Addition
NAME			2.2 NAME			
STREET ADDRESS		2.3		ADDRESS		
CITY-ST-ZIP			2.4 CHY-ST-ZIP			
TITLE			3.1 THE			Change L Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	1		
TITLE	· · · · · · · · · · · · · · · · · · ·		4.1 THTLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	1 - ZIP		
TITLE NAME	<b>1</b>		5.1 TITLE			Change  Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
City-St-ZiP	certify that the information supplied y	ith this filing does not suplify for	64 CiTY-ST		Section 110 07/37/i) Elected Statutes   further	

4. 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 changed, or on an attachment with an address.

CICMATURE.