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 # P9700068666 (1)

GENERAL AUTOMOTIVE SERVICE, INC.

Principal Place of Business Mailing Address

20300 W. COUNTRY CLUB DRIVE 20300 W. COUNTRY CLUB DRIVE
TOWNHOUSE 123 TOWNHOUSE 123
AVENTURA EL 33180 DO DO

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE AVENTURA FL 33180 AVENTURA FL 33180 3. Date Incorporated or Qualified 08/07/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-077696 160 EnthusBoro Bino. Backers B 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ADDICOTT, MICHAEL L 450 NORTH PARK ROAD Street Address (P.O. Box Number is Not Acceptable)
20300 W - CONTRY CUB OR., # 122 **SUITE 805** 83 HOLLYWOOD FL 33021 Zip Code 33180 AVENTURA 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 of 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 archivent the obligations of, Section 607.0505, Florida Statutes. PRESIDENT BRETT ETKIN SIGNATURE me of registered agent and tit red when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change TITLE 1.1 TITLE NAME ETKIN, BRETT 1.2 NAME CR2E034 20300 W. COUNTRY CLUB DR. TOWNHOUSE 123 STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL 33180** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 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 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City-St-Zip DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TIT) F 5 1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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)(f), 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 man attachment with an address.

SIGNATURE:

D TOPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAN-19/98

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