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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000084727**1. Corporation Name

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

A & N AUTO REPAIRS, INCORPORATED

						<u> </u>		
Principal Place of Business Mailing Address								
516 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020 516 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						09/29/1997		
Principal Place of Business 2a. Mailing Address			g Address			4. FEI Number	\ 	pplied For
21		26				65-0785219		ot Applicable
Suite, Apt. #, etcSuite, Apt. #, etc			.Apt#, etc			5, Certificate of Status Desired		-Additional
22 27								
City & State	•	<u>├</u> ─┐ `	City & State			6. Election Campaign Financing		May Be to Fees
23		28		Countr	<u> </u>	Trust Fund Contribution		to rees
Zip			Country	'	 This corporation owes the current year in Personal Property Tax. 	ntangible ☐ Yes	□No	
24	25 29 30 9. Name and Address of Current Registered Agent			0)	10. Name and Address of New Registered Agent			
	9. Name and Address o	Cultent Kegistered	-196111	81	Name	To. Italia did recession of the second		
MUT	HRA, ANTHONY							
GRAM HOLDINGS INC.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1175 NE 125TH STREET #421			83			 -		
NORTH MIAMI FL 33161			L			la I "av		
•				84	City	F	L 85 Zip	Code
office or r	to the provisions of sections egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of reg	ne State of Florida, Suc ne obligations of, Section	th change was autr on 607.0505, Florid	a Statutes	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	egistered
12. OFFICERS AND DIRECTORS			13.					
TITLE	P		☐ DELETE	1,1 TITLE	Ţ		Change	☐ Addition
NAME {	HAREL, NISSAN			1.2 NAME				
STREET ADDRESS	516 SOUTH DIXIE HIGH	IWAY		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			1.4 CITY-5	ST-ZIP			
TITLE			☐ DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME				Í
STREET ADDRESS	`			2.3 STREE	TADORESS			. }
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP			F**1 & J.1921
TITLE			☐ DELÉTE	3.1 TITLE			Change	Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		F7 Change	Addition
TITLE			☐ DELETE	4.1 TITLE			Change	C) Addison
NAME				4. 2 NAME				,
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			□ DEL ===	4.4 CITY-5	ST-ZIP		Change	Addition
TITLE	1		☐ DELETE	5.1 TITLE	- 1		LJ Change	

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

5.1 TITLE

5.2 NAME

6.1 TTTLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

63 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

Change

☐ Addition

May 10, 1999 8:00 am Secretary of State

05-10-1999 90044 027 ***150.00

CR2E034 (11/98)