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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700085991 (2)

CHAMPION SCRATCH & DENT REMOVAL, INC.

Principal Place of Business Mailing Address 19238 SOUTH O'BRIEN ROAD 19238 SOUTH O'BRIEN ROAD **GROVELAND FL 34736 GROVELAND FL 34736** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/06/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0487564 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Flequired 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible **⊠** No 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZOMINHAM, ARI 81 Name 19238 SOUTH O'BRIEN ROAD Street Address (P.O. Box Number is Not Acceptable) **GROVELAND FL 34736** 83 84 Zip Code 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. Inime ComINNAN UPSD equired when reinstating OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE ☐ Change ☐ Addition ZOMINHAN, ARI MALE 1.2 NAME 19238 SOUTH O'BRIEN ROAD STREET ADDRESS 1.3 STREET ADDRESS **GROVELAND FL 34736** CITY-ST-ZIP 14 CITY-ST - ZIP DELETE Addition Change 21 7/06 TITLE ZOMINHAM, JAIME 2 2 NAME NAME 18071 BISCAYNE BLVD. PH #3 2.3 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33160** 2 4 CITY-ST-ZIP CTTY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 DILE 4. 2 NAME HALF 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE Change Addition 5 1 TITLE

6.4 CHY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplieriontal 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 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 own attachment with an address.

6 1 TIFLE

6.2 NAME 6 3 STREET ADDRESS

5 3 STREET ADDRESS 54 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE MAR

ZOMINHAN UPSD

DELETE

04-21.98

FILED

May 07 1998 8:00am

Secretary of State

Addition

Change