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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Feb 12 1998 8:00am Secretary of State

DOCUMENT # P9700089402 (6) NATIONAL AUTO INSPECTION SERVICES, INC.							
Principal Place of Business Mailing Address							44.14 1141 1441
8222 WILES ROAD STE 287 B222 WILES ROAD STE CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067							
COMML SP	HINGS PL 33067	CORAL SPRINGS FL	330 67	•	DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified		
					10/16/1997		
	face of Business	2a, Mailing Address			4. FEI Number	 	pplied For
26					65-0795284		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired		Additional equired
22 27 City & State City & State					S. Fination Committee Financian		
		28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Ζίρ	Country	Zip	Country		8. This corporation owes or has paid the cu		
24	25	29	30] No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
l k	AOSS, WILLIAM H] B1]	Name		Ì	Ì
8921 NW 51 PLACE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33067							
			83				
			84	City		85 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 of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar pity find accept the Statutes of Section 607.0505, Florida Statutes. SIGNATURE Signature, byed or people for agent and pitted agent and third apply orthogogeneous forms of providing agent agent agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating)							
12.	OFFICERS AND		13.	Pignature required	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		DELETE	1.1 TITLE	000	sident Director.	Change	Addition
NAME			1.2 NAME	NI	cholas A. Coppola		1
STREET ADDRESS			1.3 STREET AL	ODRESS 46	7 NW 3641 51	. ,.	
CITY-SI-ZIP			1.4 CITY-ST-	ZIP PE		442	
TITLE		☐ DELETE	2.1 TITLE	VIC	è President, Director	Change	Addition
NAME			2.2 NAME	Alb	. I A MANALLEA		
STREET ADDRESS			2.3 STREET AC	ODRESS 139	mpano Beach, FL 33062		
CITY-ST-ZIP	The state of the s			ZIP PUI	mpano Iseacu, FL 3506L		
TITLE			3.1 TITLE	Sec	retury, Treasurer, Practor	_ Change	Addition
NAME			3.2 NAME	Wi	11 icum H. Moss		
STREET ADDRESS			3.3 STREET AL			7	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - 4.1 TJ7LE	LIF COT	-1 3/11/73, 10 3000	Change	Addition
NAME			4.2 AME			Change	
STREET ADORESS			4.3 S REET AL	DDRESS			
CITY-ST-ZIP			4.4 LIY-ST-	ZIP			·
TITLE		DELETE	51) LE			Change	Addition
NAME			52 ME				
STREET ADDRESS			5.3 REET AC	OORES\$			
CITY-ST-ZIP		··	5.4 IY-ST-	ZIP			
TITLE		☐ DELETE	6.11 LE			Change	Addition
NAME			6.2 ME				
STREET ADDRESS			6.3 KEET AL				
CITY-ST-ZIP		Allia Edicina Place and and 197	6.4 Y-ST-		cotion 440 07/2\/i) Florid- Clab dec 17 -	matika dhaa dha	Information
indicated	certify that the information supplied with on this annual report or supplemental a director of the corporation or the receiv	this filing coes not qualify t annual report is true and ac er or trustee empowered to	curate a that	m stated in St my signature port as requir	ection 119.07(3)(i), Florida Statutes. I further of shall have the same legal effect as if made u red by Chapter 607, Florida Statutes; and that	nder eath; the my name an	at lamen

William H. Moss