

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 11 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000095908 (4)**  
 1. Corporation Name  
**SOUTH FLORIDA AUTO RECONDITIONING, INC.**



Principal Place of Business <b>1015 LOXAHATCHEE DR. SUITE #11 WEST PALM BEACH FL 33409</b>	Mailing Address <b>1015 LOXAHATCHEE DR. SUITE #11 WEST PALM BEACH FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. <b>BAY # 11</b>	Suite, Apt. #, etc. <b>BAY # 11</b>
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>11/07/1997</b>	
4. FEI Number <b>65-0793321</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BOYLE, KEVIN J  
 17789 46TH CT N  
 LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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, 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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>KEVIN J. BOYLE</b>	
STREET ADDRESS	<b>17789 46th Ct. N.</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE, FL. 33470</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>SONJA BOYLE</b>	
STREET ADDRESS	<b>17789 46th Ct. N.</b>	
CITY-ST-ZIP	<b>LOXAHATCHEE, FL. 33470</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400002639184**  
 -09/14/98--01146--040  
 \*\*\*150.00

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.

SIGNATURE: **Sonja Boyle** SONJA BOYLE 8-26-98 561-687-3825

CR2E034 (5/98)

**SOUTH FLORIDA AUTO RECONDITIONING, INC.**

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1015 LOXAHATCHEE DRIVE, BAY 11  
WEST PALM BEACH, FLORIDA 33409

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Phone 561-687-3825  
Fax 561-687-2078

AUGUST 26, 1998

DIVISION OF CORPORATIONS  
ANNUAL REPORTS FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302

RE: DOCUMENT # P97000095908 (4)  
SOUTH FLORIDA AUTO RECONDITIONING, INC.

DEAR CLERK:

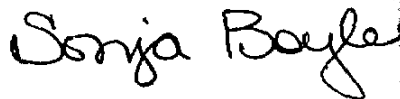
IN REFERENCE TO THE ABOVE ACCOUNT, I AM ENCLOSING A COPY OF WHAT WAS SENT TO YOU BY OVER NIGHT MAIL. THE 1998 PROFIT CORPORATION ANNUAL REPORT.

I JUST RECEIVED A SECOND NOTICE TO FILL IN OUR ANNUAL REPORT ALONG WITH A NOTICE FOR PAYMENT. I CALLED TO FIND OUT WHAT HAPPENED TO THE FIRST ANNUAL REPORT I SENT IN AND YOU INFORMED ME THAT YOU RETURNED IT TO ME FOR SOME MISSING INFORMATION. I DID NOT RECEIVE THE FIRST ANNUAL REPORT REQUEST NOR THE CHECK I SENT IN.

ATTACHED ALSO IS THE COMPLETED ANNUAL REPORT REQUESTED AND A CHECK IN THE AMOUNT OF \$150.00 AS PAYMENT DUE.

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME AT THE ABOVE ADDRESS, THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

SINCERELY,



SONJA BOYLE

ATTACH