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

**FILED** May 11 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000099687 (0) DOCUMENT # AUTOW IMAGE AUTO REPAIR, INC. Principal Place of Business Mailing Address 100 OYSTER PLACE ROCKLEDGE FL 32955 100 OYSTER PLACE **ROCKLEDGE FL 32955** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/24/1997 2. Principal Place of Business 2e. Mailing Address Applied For 59-348/346 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 25 29 30 24 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEYTE-VIDAL, USA J 2005 S. TROPICAL TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32952** 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITLE DEAN, DARRELL R NAME 12 NAME 100 OYSTER PLACE STREET ADDRESS 1.3 STREET ADDRESS ROCKLEDGE FL 32955 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change ☐ Addition LEYTE-VIDAL, LISA J NAME 2.2 NAME 2005 S. TROPICAL TRAIL STREET ADDRESS 2.3 STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change > Addition TITLE 3 1 TITLE NAME 3.2 NAME LEYTE-VIDAL, SANTIAGO M. STREET ADDRESS 3.3 STREET ADORESS 2005 S. TROPICAL TRAIL C/TY-ST-ZIP 3.4. CITY-ST-ZIP MERRITT ISLAND, FL 32952 Change DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 

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 attainment with an address.

54 CITY-ST-ZIP

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

TITLE

NAME

CF2E034 (10/97

Change

Addition