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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000093931 1. Corporation Name

ALL-BROWARD REPAIR SERVICE, INC.

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90059 045 ***150.00



				}			
Principal Place	e of Business	Mailing Address				U 18188 IIII IAIND	i 11101 1101 1 30 1
8501 NORTHWEST 51ST STREET 5: 8501 NORTHWEST 51ST STREET			Г	6.			
LAUDERHILL FL 33351 F LAUDERHILL FL 33351					DO NOT MIGHT IN THE	0.00405	
				. * /*	DO NOT WRITE IN THI -3Date incorporated or Qualified	S SPACE	<u> </u>
			•		11/05/1998		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	LAD	plied For
21	lace of Eddiness	26				<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 /	Additional
22		27		•	5. Certifcate of Status Desired	Fee Re	quired
City & State	ate City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees
Zip	Country	— ' — —	Country	t	8. This corporation owes the current year I		χ
24	25	29 30			Personal Property Tax.	☐Yes	No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent	`
WEISSMAN, HAROLD ESQ. 1776 PINE ISLAND ROAD			181	Name	•		
			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		• °
SUITE 118			83	 			
PLANTATION FL 33322			83				
- LIGHTRIION & GOOZZ			84	City	F	85 Zip (Code
		2 and 607 1509. Florida Statutos th	o abou	na named come	ration submits this statement for the purpose of		registered
office or r	egistered agent, or both, in the State (of Florida. Such change was authori	ized by	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
agent.la	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agen	t and title if annicable (NOTF: Regist	lered Ager	nt signature required v	when reinstating) DATE		
12.			13.	:	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE ·	D		.1 TITLE			☐ Change	☐ Addition
NAME	STIEFELD, SCOTT	1.	.2 NAME	٠.			
STREET ADDRESS	8501 NORTHWEST 51ST STRE	ET 1.	.3 STREE	T ADDRESS "			
CITY-ST-ZIP	LAUDERHILL FL 33351	1	.4 CITY-S	T-ZIP			
TITLE	·	☐ DELETE 2.	11 TITLE				
NAME		1				Change	Addition
STREET ADDRESS	l i i	1 4	.2 NAME			Change	Addition
CITY-ST-ZIP				TADDRESS		☐ Change	Addition
		2 2	.3 STREE	1 .		<u>-</u>	
TITLE		2 2 2 DELETE 3	2.4 CITY-5 3.1 TITLE	1 .		☐ Change	☐ Addition
TITLE NAME		2 2 2 2 DELETE 3 3 3	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP		<u>-</u>	
		2 2 2 2 3 3 3 3 3 3	2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	ST-ZIP		<u>-</u>	
NAME STREET ADDRESS CITY-ST-ZIP		2 2 2 2 3 3 3 3 3 3 3	2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-5	ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS		2 2 2 3 3 3 3 DELETE 4	2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 1.1 TITLE	ST-ZIP IT ADDRESS ST-ZIP		<u>-</u>	
NAME STREET ADDRESS CITY-ST-ZIP		2 2 2 3 3 3 3 4 3 DELETE 4 4	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP T ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2 2 2 3 3 3 3 4 5 DELETE 4 4 4 4	2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE	ST-ZIP T ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 2 DELETE 3 3 3 3 DELETE 4 4 4	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	ST-ZIP T ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		2 2 DELETE 3 3 3 3 DELETE 4 4 4 4	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 1.3 STREE 1.4 CITY-S 5.1 TITLE	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		2 2 DELETE 3 3 3 3 DELETE 4 4 4 4 1 DELETE 5 5	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 1.1 TITLE 1.2 NAME 1.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2 2 3 3 3 3 DELETE 4 4 4 4 DELETE 5 5	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.3 STREE 3.4 CITY-S 3.5 TITLE 3.5 TITLE 3.6 TITLE 3.7 TITLE 3.7 TITLE 3.8 STREE 3.8 STREE 3.8 STREE	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 2 DELETE 3 3 3 3 DELETE 4 4 4 4 1 DELETE 5 5 5 5	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 1.1 TITLE 1.2 NAME 1.4 CITY-S 3.1 TITLE 3.2 NAME	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		2 2 3 DELETE 3 3 3 3 DELETE 4 4 4 4 DELETE 5 5 5 DELETE 6	2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.5 TITLE 3.5 TITLE 3.5 TITLE 3.6 STREE 3.6 CITY-S	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE 3 DELETE 3 DELETE 4 DELETE 4 DELETE 5 DELETE 5 DELETE 6 6	2.3 STREE 2.4 CITY-5 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-5 3.3 STREE 3.4 CITY-5 5.4 TITLE 5.2 NAME 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.2 NAME	ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP		☐ Change ☐ Change ☐ Change	Addition Addition

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 acciver of 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.

SIGNATURE:)