


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 31 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S28495 (7)		
1. Corporation Name SAV-ON AUTO REPAIR, INC		



Principal Place of Business 14120 N.W. 7TH AVE. MIAMI FL 33168 US	Mailing Address 14120 N.W. 7TH AVE. MIAMI FL 33168 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3625 Palm Breeze Rd G		2a. Mailing Address 26 3625 Palm Breeze Rd G		3. Date Incorporated or Qualified 01/29/1991	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22 BAY C-1		Suite, Apt. #, etc. 27		4. FEI Number 65-0240089	Applied For <input type="checkbox"/> Not Applicable
City & State 23 HOLLYWOOD, FL.		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33021		Country 25 U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		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 SIMI, MARIANNE 415 NE 148TH ST. N. MIAMI FL 33161		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMI, GREGORY J	1.2 NAME	
STREET ADDRESS	415 NE 148 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	N M FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMI, MARIANNE	2.2 NAME	
STREET ADDRESS	415 N E 148 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N M FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

(2)

SAV-ON AUTO REPAIR, INC.
3625 Pembroke Road, Bay C1 - Hollywood, FL 33021
Tel.: (954) 966-7858

July 23, 1997

"To Whom It may concern"

Dear People,

My son & I received our second notice of filing fee's for 550.00.

Please, may I say that we never received the first notice as we moved from 14120 N.W. 7th Ave and finally being the registered Agent the second one came to our home address. Last year we paid \$200.00 for the fee & when I called Tallahassee the lady informed me the reduced fee was only \$165.00 this year. We never would I refused to pay the \$165.00 this year.

Please believe me we never received the first notice & this has been an honest mistake!