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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S40107

(2)

FENDER MENDER OF BROWARD COUNTY, INC.

Principal Place of Business Mailing Address

6464 W COMMERCIAL RD 6464 W COMMERCIAL BLVD
LAUDERHILL FL 33319 LAUDERHILL FL 33319-2111
US US

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0348542 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. X Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDSTEIN, ALAN 6464 W COMMERCIAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) LAUDERHILL FL 33319 83 84 Zip Code 85 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 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME GOLDSTEIN, ALAN 1.2 NAME 6464 W COMMERCIAL BLVD STREET ADDRESS 1.3 STREET ADDRESS LAUDERHILL FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE 2.1 TITLE Change Addition **GOLDSTEIN, MORRIS** NAME 2.2 NAME 6464 W COMMERCIAL BLVD STREET ADDRESS 2.3 STREET ADDRESS LAUDERHILL FL CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change TITLE 31 TITLE Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE ☐ Change Addition | NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIF

14. I hereby certify that the information supplied with this filling 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 control of the receiver or further endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with prescriptors.

SIGNATURE:

1-12 98

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