FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation	MENT # S4070)4 (6)	1		
AUTO	MOTIVE SERVICE BY MIKE	I, INC.			
Principal Place of Business Mailing Address					'UN BIRN BIRN ENRY BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIRN
		622 A 2ND LANE VERO BEACH FL 3	2962		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pt	ace of Business	T 2 14 2 1-1-		03/22/1991	04/03/1995
21 Philopai Pia	ace or business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #. etc.		65-0301295	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zιρ	Country	Zφ	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Current	29	[30]		□No
	9. Name and Address of Current	Hegistered Agent		10. Name and Address of New R	egistered Agent
FANIAD	DO BOMALD O		81 Name		
FANARO, RONALD S. 7555 20TH STREET			82 Street Add	lress (P.O. Box Number is Not Acceptab	łe;
	BEACH FL 32966		83		
VERU	DEAUTI FE 32900		63		
			84 City		85 Zip Code
11. Pursuant to	the previsions of Sections 607.0502	and 607 1508 Florida Statu	tas, the glysus passed sound	ration submits this statement for the pur	FL S Z D C C C C C C C C C C C C C C C C C C
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	Such change was author.	zed by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the appo	pose of changing its registered office of ontment as registered agent. I am
	n, and ascept the obligations of, sector	ni buz.ubub, Honda Stafute	5.		
SIGNATURE	Signature, typed or prodestructional regisland agent a	or for happened by	ole Bug over Agen Squaring occurs	41 of her operation of	[)ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
THE	DPT	DELETE.	. 1 1 11/16		Change Addition
NAME	ingrașsia, Michael I.		1.2 NAME		ļ
STREET ADDRESS	216 15TH AVE.		1 3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	·	1.4 C+TY - ST - ZiP		
TITLE	DVP	DELETE	2 1 T.TLE		Change Addition
NAME	INGRASSIA, CONNIE J.		2 2 NAME		
STREET ADDRESS	216 15TH AVE.		2.3 STREET ADDRESS		ļ
CITY - ST - ZIP	VERO BEACH FL		2 4 CtTv - ST - ZIP		
TITLE	S INCOME CONTRACT	DELETE	3 ! TITLE		Change Addition
NAME CERCEL ADDRESS	INGRASSIA, CONNIE J.		3.2 NAME		
STREET ADDRESS	216 15TH AVE.		3.3 STREET ADDRESS		
City-St-ZiP Title	VERO BEACH FL	DELETE	3 4 CHY-SI-ZIF		
NAME		E) offere	4 1 11116		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHY+ST-7IP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		C cuange C Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-SI-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			£4017V 01 70		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 407-565-2496