

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S47711** (4)

1. Corporation Name

AGELESS AUTOMOBILE RESTORATION, INC.



Principal Place of Business

**1450 S. DIXIE HWY.
BOCA RATON FL 33432**

Mailing Address

**1450 S. DIXIE HWY.
BOCA RATON FL 33432**

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/22/1991

3a. Date of Last Report

04/24/1995

4. FEI Number

65-0358363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITHER, ROBERT M., JR.
% WORRELL ENTERPRISES, INC.
1450 S. DIXIE HWY.
BOCA RATON FL 33432**

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

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and this filing table

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **WORRELL, THOMAS E., JR.**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DVP** ☐ DELETE
NAME **FREAKLEY, EDWIN M.**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **DVPT** ☐ DELETE
NAME **SMITHER, ROBERT M., JR.**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VPTS** ☐ DELETE
NAME **GOODYEAR, KIM**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **S** ☐ DELETE
NAME **WORRELL, ODETTE A.**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **AT** ☐ DELETE
NAME **WINTZER, WILLIAM R**
STREET ADDRESS **1450 S. DIXIE HWY.**
CITY-ST-ZIP **BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William R. Wintzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. WINTZER

Date

Daytime Phone #

4/26/96 (47) 338-3288

CR2E034 (12/95)