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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33432-7315



3. Date Incorporated or Qualified

04/22/1991

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0358363

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

WILLIAM R. WINTZER

4/15/97 (561)338-3291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)