

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90114 016 \*\*\*150.00

0339156

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # S47711**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/22/1991**

4. FEI Number  
**65-0358363**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **14 S. SWINTON AVE**  
 Suite, Apt. #, etc.

22  
 City & State  
**DELRAY BEACH, FL**

23  
 Zip  
**33444**

24  
 Country  
**USA**

2a. Mailing Address  
 26 **14 S. SWINTON AVE**  
 Suite, Apt. #, etc.

27  
 City & State  
**DELRAY BEACH, FL**

28  
 Zip  
**33444**

29  
 Country  
**USA**

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)  
**14 S. SWINTON AVE**

83

84 City  
**DELRAY BEACH**

85 Zip Code  
**FL 33444**

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		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WORRELL, THOMAS E., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FREAKLEY, EDWIN M.	
STREET ADDRESS	200 CARTER'S GROVE LANE	
CITY-ST-ZIP	LYNCHBURG VA 24503	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	SMITHER, ROBERT M., JR.	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	GOODYEAR, KIM	
STREET ADDRESS	1450 S. DIXIE HWY.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WORRELL, ODETTE A.	
STREET ADDRESS	1450 S. DIXIE HWY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	AT	<input type="checkbox"/> 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	14 S. SWINTON AVE	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33444	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	14 S. SWINTON AVE	
3.3 STREET ADDRESS	DELRAY BEACH, FL 33444	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	125 LA POSTA	
4.3 STREET ADDRESS	TADS, NM 87571	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	14 S. SWINTON AVE	
5.3 STREET ADDRESS	DELRAY BEACH, FL 33444	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	14 S. SWINTON AVE	
6.3 STREET ADDRESS	DELRAY BEACH, FL 33444	
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *WILLIAM R. WINTZER* **WILLIAM R. WINTZER** 4/2/99 (561) 243-2900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)