

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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

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

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 14 S. SWINTON AVE

26 14 S. SWINTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 DELRAY BEACH, FL

28 DELRAY BEACH, FL

24 Zip 33444

25 Country USA

29 Zip 33444

30 Country USA

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 14 S. SWINTON AVE

84 City DELRAY BEACH

85 FL

86 Zip Code 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

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

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 14 S. SWINTON AVE  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE DVP ☐ DELETE  
NAME FREAKLEY, EDWIN M.  
STREET ADDRESS 200 CARTER'S GROVE LANE  
CITY-ST-ZIP LYNCHBURG VA 24503

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

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

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 14 S. SWINTON AVE  
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 125 LA POSTA  
4.4 CITY-ST-ZIP TADS, NM 87571

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

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 14 S. SWINTON AVE  
5.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 14 S. SWINTON AVE  
6.4 CITY-ST-ZIP DELRAY BEACH, FL 33444

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4/27/99  
Daytime Phone # (561) 243-2400

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CR2E034 (11/98)