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

CORPORATION ANNUAL REPORT /



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S54904 DOCUMENT #

(5)

ILAC	SHER AUTO REPAIR INC.		(0)							
Principal Plac	e of Business	Ma	ailing Address				7)BI) 818(1 4)	814 E1Æ12 A1811 1681
	ORTHLAKE DR		755 N NORTHLAKE (755 NORTH LAKE OF							
	TH LAKE DR DOD FL 33019		HOLLYWOOD FL 330						· . .	
US US							3. Date incorporated or Qualified 3a. Da 05/20/1991		ate of Last Report 03/24/1995	
2. Principal F	Place of Business	2a. 26	Mailing Address				4. FEI Number 65-0262784	 -	ļ 4	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		,		5. Certificate of Status Desired			5 Additional Required
City & Sta	te	27	City & State			 	6. Election Campaign Financing		\$5.0	O May Be
3] Zip	Country	28	Zip	Cot	untry		Trust Fund Contribution 8. This corporation has liability for			ed to Fees 199.032,
4	25	29		30				□ No		
	Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New F	registered /	Agent	
					81	Name				
	HER, CLAUDE NORTH LAKE DRIVE				82	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
HOLLYWOOD FL 33019					83					
					84	City		FL	85 Z	ip Code
familiar v SIGNATURE	To the provisions of sections do not ered agent, or both, in the State of Flo with, and accept the obligations of, Sec Signature, typed or printed name of registered age	ction 607.	0505, Florida Statutes	S.		nt signature required	when reinstating)	DATE		
12.		AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF		DIRECTO Change	
TITLE	D CLACHED CLAUDE		□ DELETE	1 1				L	crisinge	☐ Multion
NAME	FLASHER, CLAUDE				1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	755 NORTH LAKE DRIVE					ADDRESS				
CITY CT 7ID				1.3 \$	TREET					
CITY-ST-ZIP TITLE	755 NORTH LAKE DRIVE HOLLYWOOD FL		☐ DELETE	1.3 \$	TREET	ADDRESS ST-ZIP			Chançe	Addition
TITLE	· •		DELETE	1.3 S 1.4 C 2. 1	TREET				_ Chançe	Addition
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

AND SASHEN CLAUD FRASHER
URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

920-9153 Daytima Phone #