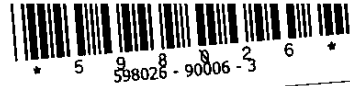


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00


FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90006 006 ***150.00

07-29-1999 90006 005 *****8.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S63597**

1. Corporation Name

Paris Auto Repair Inc

Principal Place of Business

Mailing Address

**6898 NW 30th Ave
Ft. Lauderdale FL**

**6898 NW 30th Ave.
Ft. Lauderdale FL**

33309

33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

7/1/1991

4. FEI Number

Applied For

65-02-70336

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

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 607.0505, 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	JOHN J HANLON President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J HANLON	1.2 NAME	
STREET ADDRESS	6898 NW 30th Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale FL 33309	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)



563597
598026-9076-3

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 21, 1999

PARIS AUTO REPAIR, INC.
6898 NORTHWEST 30TH AVENUE
FORT LAUDERDALE, FL 33309

SUBJECT: PARIS AUTO REPAIR, INC.
Ref. Number: S63597

We have received your check(s) totaling \$158.75; however it cannot be processed and is being returned for the following:

There was not a completed annual report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Due to the volume of mail received in this office **both the annual report and the filing fee must be received by our office together in order to be processed.**

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel
Document Specialist

Letter Number: 099A00033002