

FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 888588

1. Corporation Name

TOP VALUE AUTO BODY, INC.

Principal Place of Business

790 N.W. 27TH AVENUE  
FT. LAUDERDALE, FL 33311

Mailing Address

790 N.W. 27TH AVENUE  
FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/91

4. FEI Number

65-0294718

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 790 N.W. 27TH AVENUE

22 Suite, Apt. #, etc.

23 City & State

23 FT. LAUDERDALE, FLORIDA

24 Zip

24 33311

Country

25 U.S.A.

2a. Mailing Address

26 SAME

27 Suite, Apt. #, etc.

28 City & State

29 Zip

29

Country

30

9. Name and Address of Current Registered Agent

NOAH SKOLNIK  
790 N.W. 27TH AVENUE  
FT. LAUDERDALE, FLORIDA 33311

10. Name and Address of New Registered Agent

81 Name

ELIAH SKOLNIK

82 Street Address (P.O. Box Number is Not Acceptable)

790 N.W. 27TH AVENUE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

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

5/14/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NOAH SKOLNIK  
STREET ADDRESS 790 N.W. 27TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33311

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/S/T ☒ Change ☐ Addition

1.2 NAME ELIAH SKOLNIK  
1.3 STREET ADDRESS 790 N.W. 27TH AVENUE  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FLORIDA 33311

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 200002545792  
5.3 STREET ADDRESS -06/03/98-01042-016  
5.4 CITY-ST-ZIP \*\*\*550.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/98 954 587-3620

CR2003 11:37