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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V45943** (0)

1. Corporation Name

**AL'S AUTO ELECTRIC, INC.**



Principal Place of Business

**2201 SE INDIAN STREET  
SUITE E 6  
STUART FL 34994**

Mailing Address

**2201 SE INDIAN STREET  
SUITE E 6  
STUART FL 34994**

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

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GRILLO, ALBERT A  
2201 SE INDIAN STREET  
SUITE E  
STUART FL 34994~~

81 Name

**GRILLO, MARLENE S.**

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

**2201 SE Indian Street**

83

**Suite E**

84 City

**STUART**

85 Zip Code

**FL**

**34997**

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 PD ☒ DELETE

NAME **GRILLO, ALBERT A**  
STREET ADDRESS **1681 E 14TH STREET**  
CITY - ST - ZIP **STUART FL**

TITLE STD ☐ DELETE

NAME **GRILLO, MARLENE S**  
STREET ADDRESS **1681 E 14TH STREET**  
CITY - ST - ZIP **STUART FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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12 NAME

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14 CITY - ST - ZIP

2 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

PD

**GRILLO, MARLENE S.**

**1090 SE Letha Circle Apt. #6**

**Stuart, Florida 34994**

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SIGNATURE: *Marlene S. Grillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/96 407-283-6177  
Date Daytime Phone #

CR2E034 (12/95)