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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005816

1. Corporation Name

1-95 AUTO REPAIR INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90043 043 \*\*\*150.00

| Principal Place   | e of Business  | Mailing Address  |  |  | 1 (091)501 (1014)  |   | • •  |  |
|---|--|--|--|--|--|---|--|--|
| 1800 SW 100 A   | IVE  | 1800 SW 100 AVE  |  |  |  |   |  |  |
| BAY E   |  | BAY E  |  |  |  |   | UO 0040E   |  |
| MIRAMAR FL 33025  |  |  | MIRAMAR FL 33025   |  |  | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified |  |  |
| US  |  | us<br>   |  |  | 01/19/1993   | or Qualifed   |  |  |
| 2. Principal Pl   | lace of Business   | 2a. Mailing Address  |  |  | 4. FEI Number  |   | $\sqcup$   | Applied For  |
| 21  |  | 26   |  |  | 65-0385395   |   |  | Not Applicable                                     |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |  |  | 5,_Certifcate of Status  | Desired   |  | 5 Additional                                       |
| 22  |  | 27   | ·  |  |  |   |  | Required   |
| City & State  | e  | City & State   |  |  | 6. Election Campaign   | ~   |  | 00 May Be  |
| 23  |  | 28   |  |  | Trust Fund Contrib   | ution   | Adde   | ed to Fees   |
| Zip   | Country  | Zip  | Countr   | у  | 8. This corporation or   |   |  | F74.   |
| 24  | 25   | 29   | 30   |  | Personal Property  | ·   | ∐ Yes  | □No  |
|   | 9. Name and Address of Cur   | rent Registered Agent  |  | 41 57  | 10. Name and Addres  | ss of New Register  | ed Agent   | <del></del>  |
| VIII O  | INC. ALEDED  |  | 8.   | 1 Name   | e  |   |  |  |
|   | ine, alfred<br>) e. las olas blvd  |  | 82   | 2 Stree  | t Address (P.O. Box Number is  | Not Acceptable)   |  |  |
|   | LAUDERDALE FL 33301  |  | <u> </u>   |  |  |   |  |  |
| F1. L   | LAUDENDALE LE 22201  |  | 8:   | 3  |  |   |  |  |
|   | ٠  |  | 84   | 4 City   | , <u>, , , , , , , , , , , , , , , , , , </u>  | F   | 85 Z   | ip Code  |
| office of r   | to the provisions of Sections 607.0  | ite of Florida, Such change was a  | uthorized b  | v the con  | poration's board of directors. I h   | ereby accept the ap   | אוושוווטען   | ledisicien t                                       |
| office or r   | to the provisions of Sections our .c. registered agent, or both, in the Starm familiar with, and accept the obl Signature, typed or printed name of registered   | ate of Florida. Such change was a<br>igations of, Section 607.0505, Flo  | uthorized by<br>rida Statute   | y the cor<br>s.  | poration's board of directors. I h   | ereby accept the ap   |  |  |
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SIGNATURE:

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 of suppliemental 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 corn pration or the received by 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 chartled, br on an affectment with an address with all other like empowered.