

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J03089 (6)
 1. Corporation Name
HARBOR AUTO CARE, INC.

Principal Place of Business 1504 A. S.W. 3RD STREET POMPANO BEACH FL 33069	Mailing Address 1504 A. S.W. 3RD STREET POMPANO BEACH FL 33069
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1986	
21	26	4. FEI Number 59-2626933		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent TETRO FRANK 3241 SW 44TH STREET FT. LAUDERDALE FL 33312		10. Name and Address of New Registered Agent	
		81 Name SAME	
		82 Street Address (P.O. Box Number is Not Acceptable) 8992 LAKE PARK CIRCLE, SOUTH	
		83	
		84 City DAVIE,	85 Zip Code FL 33328

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  **FRANK TETRO** **JAN. 13, 1998**
Signature, typed or printed name of registered agent or director if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETRO, WILLIAM A JR	1.2 NAME	
STREET ADDRESS	3241 S.W. 44TH ST.	1.3 STREET ADDRESS	3301 ISLAND ROAD
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	COOPER CITY, FL 33026
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETRO, FRANK	2.2 NAME	
STREET ADDRESS	3241 S.W. 44TH ST.	2.3 STREET ADDRESS	8992 LAKE PARK CIRCLE, SOUTH
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TETRO, FRANK	3.2 NAME	
STREET ADDRESS	3241 S.W. 44TH ST.	3.3 STREET ADDRESS	8992 LAKE PARK CIRCLE, SOUTH
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	DAVIE, FL 33328
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.

SIGNATURE:  **FRANK TETRO** **JAN. 13, 1998** **(954) 785-7887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0159471

CR2E034 (10/97)