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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Me#thanf

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K01060

(8)

PIT STOP AUTO CARE CENTER, INC.

•		•
INC		

FILED May 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
2501 W SAMPLE RD POMPANO BCH FL 33073 US			2501 W SAMPLE RD POMPANO BCH FL 33073-3055 US								
•							3. Date Incorporated or Qualified 11/09/1987		te of Last Ro 1/1996	eport	
	lace of Business	2a. Mailing	Address	,			4. FEI Number			plied for	
Suite, Apt.	# etc	26 Suite	Apt. #, etc.				65-0041884		\$8.75 A	t Applicable	
22	F, 010.	27	ηνι. π ₁ σ ισ.				5. Certificate of Status Desired		Fee Re		
City & State	9	City 8	State	4 - • · · · · · · · · · · · · · · · · · ·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country	7 ₁ p	Zip Country				8. This corporation has liability for	intangible			
24	25	29		[30]] No		
CAVI	 Name and Address of Curre EGH, RICHARD 	ut Hedisteted V	gent		81	Name	10. Name and Address of New Re	igistered A	gent		
	I W SAMPLE RD										
	IPANO BCH FL 33073				82	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			
,					83			An-11-12-1			
•				-	84	City	90/3/199		85 Zip (Code	
			والمتعادة المتعادة والمتعادة					FL			
11. Putsuant i	to the provisions of Sections 607,059 egistered agent, or both, in the State	02 and 607.150£ e of Florida_Suct	i, Dorida Statut h change was	les, the ab authorized	iove- Lby I	named corp the corporati	oration submits this statement for the pon's board of directors. I hereby acce	aurpose of pt the appr	changing its bintment as	s registered registered	
.4	m familiar with, and accept the oblig	gations of, Section	on 607.0505, FI	orida Statu	ites.			•			
SIGNATURE	Signature, typed or printed name of registered ag	ent and pile Kapplical	ile (NO1	It Registered	Ageu	t signature require	d when reinstating)	11Ñ1			
12.		ID DIRECTORS		13.			ADDITIONS/CHANGES 10 OF FR				
TITLE	D Sayegh, Richard		DEFERE	1.1 111		1		•	Change	Addition	
name Street address	10844 LA SALINAS CIR			1.2 NAI		Enter 00					
CITY-ST-ZIP	BOCA RATON FL			1.3 ST		DORESS 700					
TITLE			DELETE	2.1 10		-711			Change	Addition	
NAME				2.2 NA	MÉ						
STREET ADDRESS				23,816	Œ[] A	DDRESS					
CITY-ST-ZIP				2 4 CF		-7P					
TATLE			L_] DELETE	3 1 111					L Change	Addition	
NAME				3.2 NAI		004100					
STREET ADORESS						IDRESS					
CITY-ST-ZIP TITLE			DELETE	34, CII 4 1 1 J J		- 201			Change	Addilion	
NAME				4. 2 NA	ME	1		·		_	
STREET ADDRESS				4.3 ST	REETA	DONESS					
CITY-ST-ZIP				4.4 CIT	Y-\$1	- 7)P					
TITLE			DELETE	5.1 ¹ 117					Change	☐ Addition	
NAME				5.2-NAI							
STREET ADDRESS						DDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CH 6.1 TH		· 71P			Change	Addition	
NAME			La ville	6.1 IIII 6.2 INA					Fr. Cutouffe	L_J AGURDII	
STREET ADDRESS						DDRESS					
CITY-ST-ZIP				6.4 CII		l l					

14. I do 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.

CICNATURE.

4-1-97

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