

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000048891 (3)**

1. Corporation Name
BROTHERS AUTO CARE, INC.



Principal Place of Business: **253 W 8TH ST JACKSONVILLE FL 32206 US**
Mailing Address: **253 W 8TH ST JACKSONVILLE FL 32206 US**

3. Date Incorporated or Qualified: **06/27/1994**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **59-3254293**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
25

9. Name and Address of Current Registered Agent

**HADDAD, MICHELE
1616 TROY LYNN TRAIL
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HADDAD, MICHELE	
STREET ADDRESS	1616 TROY LYNN TRAIL	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HADDAD, DANIEL	
STREET ADDRESS	1616 TROY LYNN TRAIL	
CITY - ST - ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
7. 3. STREET ADDRESS	
8. 4. CITY - ST - ZIP	
9. 5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 6. 2. NAME	
11. 7. 3. STREET ADDRESS	
12. 8. 4. CITY - ST - ZIP	
13. 9. 5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 10. 6. 2. NAME	
15. 11. 7. 3. STREET ADDRESS	
16. 12. 8. 4. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE: *Michele Haddad* **Michele Haddad** 4-12-96 (904) 624-282

CR2E034 (12/95)