

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **466252**

1. Corporation Name

S & E CAR CARE CENTERS, INC.

Principal Place of Business

214 MARGATE COURT
MARGATE FL 33063

Mailing Address

214 MARGATE COURT
MARGATE FL 33063

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

2b. Suite, Apt. #, etc.

2c. City & State

2d. Zip

2e. County

FILED
95 JUL 10 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1974** 3a. Date of Last Report **06/14/1994**

4. FEI Number **59-1573327** 4a. Applied For Not Applicable

5. Certificate of Status Desired **PK** \$8.75 Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under G. 109.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

DUBROW-DUKER AND ASSO PA
2840 UNIVERSITY DR
#885
CORAL SPRINGS FL 33065

81. Name

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

83.

84. City

85. Zip Code

FL

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 initiating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **LAPPERT, ANN F**
STREET ADDRESS **8821 NW 22ND STREET**
CITY-ST-ZIP **MARGATE FL**

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

TITLE **VD**
NAME **KOLP, WAYNE J.**
STREET ADDRESS **120 SW 89TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL**

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

TITLE **SC**
NAME **KOLP, SHARON A.**
STREET ADDRESS **120 SW 89TH WAY**
CITY-ST-ZIP **CORAL SPRINGS FL**

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
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TITLE
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|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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 14 if changed, or on an attachment with an address.

SIGNATURE: *Ann F. Lappert* ANN F. LAPPERT 5/1/95 305-971-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5106344