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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 01 1996 8:00 am
Secretary of State

DOCUMENT # H51225 (1)

1. Corporation Name
QWIKY OIL CHANGE, INC.



Principal Place of Business
28145 S. TAMiami TRAIL
BONITA SPRINGS FL 33923

Mailing Address
28145 S. TAMiami TRAIL
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified 04/09/1985
3a. Date of Last Report 09/25/1995

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	4. FEI Number 65-0048380 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SORET, DORENE B
15303 BURNABY DR.
NAPLES FL 33963

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

Signature typed or printed name of registered agent

Signature typed or printed name of registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
STREET ADDRESS	15303 BURNABY DR.	1.2 STREET ADDRESS	1.2 NAME
CITY-ST-ZIP	NAPLES FL 33963	1.3 CITY-ST-ZIP	1.3 NAME
TITLE	NAME	2.1 TITLE	2.1 NAME
STREET ADDRESS	15303 BURNABY DR.	2.2 STREET ADDRESS	2.2 NAME
CITY-ST-ZIP	NAPLES FL 33963	2.3 CITY-ST-ZIP	2.3 NAME
TITLE	NAME	3.1 TITLE	3.1 NAME
STREET ADDRESS		3.2 STREET ADDRESS	3.2 NAME
CITY-ST-ZIP		3.3 CITY-ST-ZIP	3.3 NAME
TITLE	NAME	4.1 TITLE	4.1 NAME
STREET ADDRESS		4.2 STREET ADDRESS	4.2 NAME
CITY-ST-ZIP		4.3 CITY-ST-ZIP	4.3 NAME
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS		5.2 STREET ADDRESS	5.2 NAME
CITY-ST-ZIP		5.3 CITY-ST-ZIP	5.3 NAME
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS		6.2 STREET ADDRESS	6.2 NAME
CITY-ST-ZIP		6.3 CITY-ST-ZIP	6.3 NAME
TITLE	NAME	7.1 TITLE	7.1 NAME
STREET ADDRESS		7.2 STREET ADDRESS	7.2 NAME
CITY-ST-ZIP		7.3 CITY-ST-ZIP	7.3 NAME

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, or on an attachment with an address.

SIGNATURE:

Dorene B. Soret Sec. Treas. 6/26/96 941.992.2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)