

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, DISBURSE AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 AUG - 9 PM 12:16

DOCUMENT # J39012 (6)  
 1. Corporation Name  
**WE CARE AUTO REPAIR, INC.**

Principal Place of Business Mailing Address  
**338 SANDPIPER AVE. ROYAL PALM BEACH FL 33411**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3611 S. Dixie Hwy		25 338 SANDPIPER AVE.		10/22/1986	12/21/1994
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 WPA, FL		27		59-2729695	Not Applicable
24 33405		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Palm Beach		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOOD, THEODORE 4655 SOUTHERN BOULEVARD WEST PALM BEACH FL 33409				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, THEODORE	1.2 NAME	
STREET ADDRESS	338 SANDPIPER AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, BETTY L.	2.2 NAME	
STREET ADDRESS	338 SANDPIPER AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, changed, or on an attachment with an address.

SIGNATURE: Theodore Wood Theodore WOOD 8/2/95 407-655-8099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)