
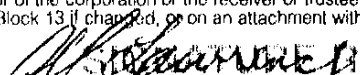


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J84378 (5) 1. Corporation Name LAWRENCE'S CAR CARE CENTER, INC.					
Principal Place of Business 4999 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 3713 ALT. 19 North PALM HARBOR, FL. 34683			Mailing Address 4999 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 3713 ALT. 19 North PALM HARBOR FL. 34683		
2. Principal Place of Business 21 3713 ALT. 19 North Suite, Apt. #, etc. 22 City & State 23 PALM HARBOR FL. Zip 24 34683		2a. Mailing Address 26 3713 ALT 19 North Suite, Apt. #, etc. 27 City & State 28 PALM HARBOR FL. Zip 29 34683		3. Date Incorporated or Qualified 07/17/1987 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2848301 Applied For <input type="checkbox"/> 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	
9. Name and Address of Current Registered Agent LAWRENCE, AL 651 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 3713 ALT. 19 North PALM HARBOR FL. 34683			10. Name and Address of New Registered Agent 81 Name AL LAWRENCE 82 Street Address (P.O. Box Number is Not Acceptable) 3713 ALT. 19 North 83 84 City PALM HARBOR FL. FL 85 Zip Code 34683		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE NAME LAWRENCE, AL STREET ADDRESS 210 EARL STREET CITY-ST-ZIP TARPON SPRINGS 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 ST <input type="checkbox"/> DELETE NAME LAWRENCE, JANICE STREET ADDRESS 210 EARL ST CITY-ST-ZIP TARPON 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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			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 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.					
SIGNATURE:  4-25-97 813-938-3912 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)