


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

FILED
Jul 16 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 # L13575 (0) 1. Corporation Name CENTRAL FLORIDA CAR CARE, INC.					
Principal Place of Business 220 PALM COAST PARKWAY NE PALM COAST FL 32137 US			Mailing Address 220 PALM COAST PARKWAY NE PALM COAST FL 32137-8217 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 09/01/1989 3a. Date of Last Report 02/23/1996 4. FEI Number 59-3014364 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent CHIUMENTO, MICHAEL D., ESQ. 4 OLD KINGS RD N SUITE B PALM COAST FL 32037			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input type="checkbox"/> DELETE			
NAME	DAVIDSON, KENNETH M., JR				
STREET ADDRESS	2 COLE COURT				
CITY-ST-ZIP	PALM COAST FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	DAVIDSON, BARBARA M.				
STREET ADDRESS	2 COLE COURT				
CITY-ST-ZIP	PALM COAST FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SUDER, LEONARD J., JR.				
STREET ADDRESS	84 FLEETWOOD DRIVE				
CITY-ST-ZIP	PALM COAST FL				
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					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 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 or changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (9/96)