


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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L40784		(5)			
1. Corporation Name HENRY'S AUTO CIRCUIT, INC.					
Principal Place of Business 5642 SW 25TH ST HOLLYWOOD FL 33023		Mailing Address 5642 SW 25TH ST HOLLYWOOD FL 33023			



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/05/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0173658	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MICHAEL TAVARES P 5642 SW 25TH ST HOLLYWOOD FL 33023				10. Name and Address of New Registered Agent	
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TAVARES, HENRIQUE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>ADD TAVARES, HENRIQUE</i> <input type="checkbox"/> Addition
NAME	5642 SW 25TH ST	1.2 NAME	<i>5642 SW 25 ST.</i>
STREET ADDRESS	HOLLYWOOD FL	1.3 STREET ADDRESS	<i>HOLLYWOOD, FL.</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>315</i>
TITLE	ST TAVARIS, ANGELA <input type="checkbox"/> DELETE	2.1 TITLE	<i>ADD TAVARES, ANGELA</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5642 SW 25 ST	2.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MICHAEL TAVARES <input type="checkbox"/> DELETE	3.1 TITLE	<i>ADD TAVARES, MICHAEL</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5642 SW 25TH ST	3.2 NAME	<i>5642 SW 25 ST.</i>
STREET ADDRESS	HOLLYWOOD FL	3.3 STREET ADDRESS	<i>HOLLYWOOD, FL</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

*Michael TAVARES* 1-10-98

CR2E034 (10/97)