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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62336

(7)

BEN'S AUTO SERVICE, INC.

Principal Place of Business Mailing Address 2015-D AURORA ROAD 2015-D AURORA ROAD MELBOURNE FL 32935 MELBOURNE FL 32935 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/02/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3000233 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CLARK, BEN L 2262 CANTERBURY LN Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32935 83 84 City Zip Code 85

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 reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE ___ Change ___ Addition 1.1 TITLE 1.2 NAME CLARK, BEN L NAME 2262 CANTERBURY LANE 1,3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 1.4 CITY - ST-ZIP City - St - ZIP DELETE Change Addition 2,1 TITLE TITLE 2.2 NAME CLARK, MARY C NAME 2262 CANTERBURY LANE 2,3 STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 2.4 CITY-ST-ZIP CITY-ST-ZP Change Addition | DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZP DELETE __ Change Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST- Z/P Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition ___ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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:

W NE UIRE

2/2/98 (407) 259-3434

FILED

Feb 06 1998 8:00am

Secretary of State

CR2E034 (10/97)