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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

DOCUMENT #



L94533

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

TUNE & LUBE CARE, INC.

## Feb 24 1998 8:00am Secretary of State

270 S. ORLANDO DR. PWY 17/80, UNIT 92 SANFORD FL. 22773  28 Principal Place of Bioleness 29 Among Fl. 201 South, Apt #, etc. 20 Among Apt #, etc. 21 Sec. Apt #, etc. 22 Principal Place of Bioleness 21 Cry & State 22 Cry & State 23 Cry & State 24 Cry & State 25 San Apt #, etc. 26 San Apt #, etc. 27 Cry & State 28 San Apt #, etc. 29 Country 29 Sate 29 Country 29 Sate 20 Country 29 Sate 20 Country 30 D. Name and Address of Current Registered Agent.  KURTZ, THEODORE W. 2773  29 San Apt San Country 29 San Country 20							
SANCHOR FL 22772  ASANCHOR FL 22773  ASANCH FL 22777	Principal Place of Business Mailing Address						ier miner miner Siffir mener miner innt
SAMFORD FL 32773  SAMFORD FL 32773  SAMFORD FL 32773  2a. Making Andress 2b. Making Andress 2c. Andress 2c. Andress 2c. Scale Apt # etc. 2c. Scale Apt # etc. 2c. Colv & State 2							
Principal Place of Business   2a						DO NOT WRITE IN THIS SPACE	
Applied   Suite April   Suit						3. Date Incorporated or Qualified	
Suite, Apt #, cic    20		er en					
Suite Api # . cic 22   27   Chiy & State 22   27   Chiy & State 22   Chiy & State 22   Chiy & State 22   Chiy & State 23   Chiy & State 24   28   Chiy & State 25   Chiy & State 26   Chiy & State 26   Chiy & State 27   Chiy & Sta	26       26			git. #, etc			Applied For
City & State   27   Country   28   27   Country   28   29   30   20   20   20   30   20   20   20						59-3027218	Not Applicable
Zp						<b>5.</b> Certificate of Status Desired	\$8./5 Additional Fee Required
Zip County 749						· · · · · · ·	\$5.00 May Be Added to Fees
Section   Sect						8. This corporation owes or has paid the current year Intangible	he current year Intangible
KURTZ, THEODORE W. 2710 S. ORLANDO DR. (HWY 17/82), UNIT #28 SANFORD FL 32773  82 Street Address (P.O. Box Number is Not Acceptable)  83 STREET ADDRESS OF Sections G07 GCDP and G07 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registed agent. I am familiar with, and accept the delignatures of Section 607 GCD, Florids Statutes the above-named corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the delignatures of Section 607 GCD, Florids Statutes the above-named corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the delignatures of Section 607 GCD, Florids Statutes the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the delignatures of Section 607 GCD, Florids Statutes the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the delignatures of Section 607 GCD, Florids Statutes the above-named corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the delignature required whose constancy.  12.	24	25	29	30		Personal Property Tax due June 30	Yes No
### A City		9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regis	tered Agent
Change   C				81	Name		
SANFORD FL 32773  11. Pursuant to the provisions of Sections, 607 05/02 and 607 15/06. Florida Statules, the abover-registered agont, or both, in the State of Handla Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agont, and accept the delignations of Section 607 05/05, Florida Statules  SIGNATURE    Signature   Special productions and registered agont, or both, in the State of Handla Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agont with a production of the provision of th	(HWY 17/92), UNIT #2					dress (P.O. Box Number is Not Acceptable)	
### City ### City ### City ### St Zip Code  11. Pursuant to the provisions of Sections 607 000 and 607 1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist agent 1 am furnism with, and accept the cathignatures of, Section 607 605, Florida Statutes  \$IGNATURE							
The Pursuant to the provisions of Sections 607 05/02 and 607 15/08. Florida Statules, the above-named corporation submits this statement for the purpose of changing its regist agent 1 am familiar with, and accept the offsplatens of, Section 607 05/05, Florida Statules  SIGNATURE  Signature Provision's potential professional and the Statules (Control of Control	SAN	IFORD FL 32773		83			
11. Pursuant to the provisions of Sections (607 0x02 and 607 1006, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered again, or both, in the State of Effentials, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register against a minimal with, and accept the obligations of, Section 607 05:05, Florida Statutes  SIGNATURE    Corporation   Corpo				84	City		85 Zip Code
SIGNATURE   Signature typic to product product product to product		Company of the second s			İ		
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	agent I ar	n familiar with, and accept the obliga -	ations of, Section 607.0505, Flo	onda Statute:	s		
TITLE		<del></del>			int signature requ		
NAME   KURTZ, THEODORE W.   12 NAME     13 SIREET ADDRESS		P				ADDITIONS/CHANGES TO OFFICER	
STREET ADDRESS   2710 S. ORLANDO DR #2   13 STREET ADDRESS   14 CITY-ST-ZIP	1	KURTZ, THEODORE W.	<del>_</del>				
TITLE         DELETE         21 TITLE         Change         A           NAME         22 NAME         22 NAME         CTY-ST-ZIP         CTY-ST-ZIP         CTY-ST-ZIP         CCHANGE         A         CTY-ST-ZIP         CCHANGE         A         A         A         CTY-ST-ZIP         CCHANGE         A <td>STREET ADDRESS</td> <td></td> <td></td> <td>1.3 STREET</td> <td>ADDRESS</td> <td></td> <td></td>	STREET ADDRESS			1.3 STREET	ADDRESS		
TITLE         DELETE         21 TITLE         Change         A           NAME         22 NAME         22 NAME         A           STREET ADDRESS         23 SIREET ADDRESS         CITY-ST-ZIP         Change         A           TITLE         DELETE         31 TITLE         Change         A           NAME         32 NAME         A         CITY-ST-ZIP         Change         A           TITLE         DELETE         41 TITLE         Change         A           NAME         42 NAME         A         CTY-ST-ZIP         A           STREET ADDRESS         A4 CITY-ST-ZIP         A         CTY-ST-ZIP         A           TITLE         DELETE         51 TITLE         Change         A           NAME         52 NAME         A         CTY-ST-ZIP         A           STREET ADDRESS         53 STREET ADDRESS         CTY-ST-ZIP         A           STREET ADDRESS         53 STREET ADDRESS         CTY-ST-ZIP         <	CITY-ST-ZIP	SANFORD FL		1.4 CITY-5	iT - ZIP		
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2.4 CITY-ST-ZIP	NAME			2 2 NAME			
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STREET ADDRESS   STRE	NAME			3.2 NAME			
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STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE           6.1 TITLE         Change	t t		peerie				C Strange C Addition
CiTY-ST-ZIP         5 4 CiTY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         A					ADDRESS		
TITLE DELETE 6.1 TITLE Change A					1		
_ · _ ·			☐ DELETE		1-217		Change Addition
STREET ADDRESS 63 STREET ADDRESS	1				ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP					j		

indicated on this armual report or supplemental armual 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 trusted empoyed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 true appears in a latachment with an orders.