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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Matham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000062488 (0)
 1. Corporation Name
S&N CAR CARE, INC.

Principal Place of Business Mailing Address
1220 TANGELO TERRACE #11 DELRAY BEACH FL 33444 **1220 TANGELO TERRACE #11 DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc #11 26 Suite, Apt #, etc #11
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified **08/30/1993** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **65-0433555** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WATERS, SUSAN L
1220 TANGELO TERRACE #11
DELRAY BEACH FL 33444

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 _____ DATE _____
(Signature, Title or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when consolidating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	PILOTTA, NICKOLAS
STREET ADDRESS	959 S W 18TH ST EAST
CITY, ST, ZIP	BOCA RATON FL
TITLE	VP
NAME	WATERS, SUSAN L
STREET ADDRESS	959 S W 18TH ST EAST
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SUSAN L WATERS
13 STREET ADDRESS	706 N. MONTEREY CIR
14 CITY, ST, ZIP	BOYNTON BLVD FL 33436
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 or liquidator of the corporation, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Susan L. Waters** *Susan L. Waters* Date: **4/12/95** 407 276 3060
(Signature and typed or printed name of filing officer or director)