

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000062488 (0)**

1. Corporation Name  
**S&N CAR CARE, INC.**



Principal Place of Business  
**1220 TANGELO TERRACE #15  
SUITE 11  
DELRAY BEACH FL 33444  
US**

Mailing Address  
**1220 TANGELO TERRACE #15  
SUITE 11  
DELRAY BEACH FL 33444  
US**

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

3. Date Incorporated or Qualified <b>08/30/1993</b>	3a. Date of Last Report <b>04/18/1995</b>
4. FEI Number <b>65-0433555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**WATERS, SUSAN L  
1220 TANGELO TERRACE F#15  
DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent

81 Name <b>NICKOLAS PILOTTA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>5817 S. OLIVE AVE</b>
83 City <b>WEST PALM BEACH</b>
84 State <b>FL</b>
85 Zip Code <b>33405</b>

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 and its 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: *Nickolas Pilotta* **NICKOLAS PILOTTA** Date: **2/10/96**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WATERS, SUSAN L</b>	
STREET ADDRESS <b>706 N MONTEREY CIR</b>	
CITY - ST - ZIP <b>BOYNTON BEACH FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WATERS, SUSAN L</b>	
STREET ADDRESS <b>959 S W 18TH ST EAST</b>	
CITY - ST - ZIP <b>BOCA RATON FL</b>	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Nick Pilotta</b>	
1.3 STREET ADDRESS <b>5815 S. OLIVE AVE</b>	
1.4 CITY - ST - ZIP <b>WEST PALM BCH, FL 33405-4155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>NONE</b>	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Nickolas Pilotta* **NICKOLAS PILOTTA** Date: **2/10/96**

CR2E034 (12/95)