

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

FILED
Mar 12 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 # P93000062488 (0)
 1. Corporation Name
S&N CAR CARE, INC.



Principal Place of Business 1220 TANGELO TERRACE STE #11-12 DELRAY BEACH FL 33444 US	Mailing Address 1220 TANGELO TERRACE STE #11-12 DELRAY BEACH FL 33444 US
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/30/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0433555	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

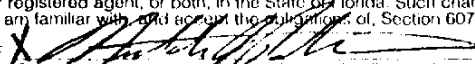
9. Name and Address of Current Registered Agent

PILOTTA, NICKOLAS
5817 S OLIVE AVE
WEST PALM BCH FL 33405

10. Name and Address of New Registered Agent

81 Name **PILOTTA, NICK**
82 Street Address (P.O. Box Number is Not Acceptable)
351 CHURCHILL RD
83
84 City **WEST PALM BCH FL** **85** Zip Code **33405**

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:  **2-20-98**
 Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	PILOTTA, NICK	
STREET ADDRESS	5815 S OLIVE AVE	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Pilotta, Nick		
1.3 STREET ADDRESS	351 Churchill Rd		
1.4 CITY-ST-ZIP	West Palm Beach FL 33405		
2.1 TITLE	WATERS, Susan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	V.P.		
2.3 STREET ADDRESS	351 Churchill Rd		
2.4 CITY-ST-ZIP	West Palm Beach FL 33405		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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:  **2-20-98 561 216 3060**
 Signature and typed or printed name of signing officer or director. Date. Divisor Block.

CR2E004 (10/97)