

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 # **P94000008408 (4)**

1. Corporation Name

CAR CARE USA OF FLORIDA, INC.



Principal Place of Business

**10026 SPANISH ISLES BLVD.
B-2
BOCA RATON FL 33496**

Mailing Address

**10026 SPANISH ISLES BLVD.
B-2
BOCA RATON FL 33496**

3. Date Incorporated or Qualified
02/01/1994

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0470860

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VISCONTI, MARY C
575 N.W. 46TH AVENUE
DELRAY BEACH FL 33445**

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 607.0102 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

Mary Visconti

MARY VISCONTI, PRES

5/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **P VISCONTI, MARY C.**
STREET ADDRESS **575 NW 46TH AVENUE**
CITY- ST- ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP ☐ Change ☐ Addition

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. 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 changes I, or an attachment with an address.

SIGNATURE:

Mary Visconti **MARY VISCONTI**

5/30/96

407 483 9273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)