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

PROFIT CORPORATION ANNUAL REPORT



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

1996

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DOCUMENT # P9400028936 (0)

AUTO CARE CENTER OF RED ROAD, INC.

Principal Plac	e of Business	Mailing Addre	SS						
943 CLINT MOORE ROAD BOCA RATON FL 33487		943 CLINT N BOCA RATO	Ioore Road N FL 33487						
					3. Date Incorporated or Qualified 04/15/1994	3a. Date of Last Report 02/09/1995			
2. Principal Place of Business		2a. Mailing Ad	ddress		4. FEI Number	Applied For			
1	1				65-0481366	Not Applicable			
Suite, Apt	Suite, Apt. #, etc.		. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required			
Oty & State		27 City & Sta	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Ζφ 4	Country 25	2 ₁ p	Count 30	ry	This corporation has liability for in Florida Statutes Yes	intangible tax under s 199.032, ☐ No			
	9. Name and Address of Cui		<u> </u>		10. Name and Address of New Registered Agent				
			8	1 Name					
BERSON, GERALD S 943 CLINT MOORE ROAD					Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33487				3					
			Ē	14 City		FL 85 Zip Code			
or regist	it to the provisions of Sections 607.0 ered agent, or both, in the State of F with, and accept the obligations of, S	ilorida. Such change v	as authorized by the co	a-named corpo rporation's boa	oration submits this statement for the pur and of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am			
SIGNATURE									

or registered agent, or l familiar with, and accept S:GNATURE | Standard typed or printed name of registerial agent and life if applicable |

12. OFFICERS AND DIRECTORS | DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TILLE	ע ו		1. 1 11 CC			<u> </u>
NAME	BERSON, GERALD	İ	1,2 NAME			
STREET ADDRESS	943 CLINT MOORE ROAD		1.3 STREET ADDRESS			
CITY - ST 7IP	BOCA RATON FL 33487		14 Cr Y-ST-ZiP			
11'LF	D	☐ DEFELE	2 1 TITLE		Change	Addition '
NAMÉ	HEISE, MARTIN P		22 NAME			
STREET ADDRESS	943 CLINT MOORE ROAD		23 STREET ADDRESS			
CiTY-\$1-ZiP	BOCA RATON FL 33487		2.4 CE Y+S1+ZIP			
THLE		DELETE	3 1 TIFLE		Change	Addition
NAM:			3.2 NAME			
STREET ADDRESS			3.3 \$ REET ADDRESS			
CITY ST-7IP			3.4 CI/Y - ST - ZIP			
THUE		☐ DELFTE	4 1 TITLE		Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4 3 STREET ADORESS			
CHY-ST ZIP			4.4 CHTY - ST - ZIP			
T 1LF		☐ DELETE	5 1 T TLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
GiTY+ST+ZIP			54 CHY-S1-7P			
TITLE		☐ DELE1ŧ	6 1 T ILE		Change	☐ Addition
NAME			62 NAME			
STREET ADDRESS			6.3 S' REET ADDRESS			
			C4 C IV CE 310	1		

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 path; that I am an officer or director of 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 is planged, or on an attachment with an abscress.

SIGNATURE:

IG OFFICER OR DIRECTOR

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(12/95)