

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071691 (7)

1. Corporation Name
AUTO CARE EXPRESS, INC.



Principal Place of Business

Mailing Address

**7101 S.W. 102ND AVE.
MIAMI FL 33173**

**6435 S.W. 42 ST
MIAMI FL 33155
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 Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREENBERG, STEWART G
7101 S.W. 102ND AVE.
MIAMI FL 33173**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0575065

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

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 607.0506, Florida Statutes.

SIGNATURE

Signature of the principal officer or director (Block 12)

Signature of Registered Agent (Block 9)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE: **PVTD** DELETE
12.2 NAME: **NICHOLS, DUSTIN**
12.3 STREET ADDRESS: **6435 S.W. 42ND ST.**
12.4 CITY-STATE-ZIP: **MIAMI FL 33155**

12.5 TITLE: DELETE
12.6 NAME:
12.7 STREET ADDRESS:
12.8 CITY-STATE-ZIP:

12.9 TITLE: DELETE
12.10 NAME:
12.11 STREET ADDRESS:
12.12 CITY-STATE-ZIP:

12.13 TITLE: DELETE
12.14 NAME:
12.15 STREET ADDRESS:
12.16 CITY-STATE-ZIP:

12.17 TITLE: DELETE
12.18 NAME:
12.19 STREET ADDRESS:
12.20 CITY-STATE-ZIP:

12.21 TITLE: DELETE
12.22 NAME:
12.23 STREET ADDRESS:
12.24 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY-STATE-ZIP:

13.5 TITLE: Change Addition
13.6 NAME:
13.7 STREET ADDRESS:
13.8 CITY-STATE-ZIP:

13.9 TITLE: Change Addition
13.10 NAME:
13.11 STREET ADDRESS:
13.12 CITY-STATE-ZIP:

13.13 TITLE: Change Addition
13.14 NAME:
13.15 STREET ADDRESS:
13.16 CITY-STATE-ZIP:

13.17 TITLE: Change Addition
13.18 NAME:
13.19 STREET ADDRESS:
13.20 CITY-STATE-ZIP:

13.21 TITLE: Change Addition
13.22 NAME:
13.23 STREET ADDRESS:
13.24 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dustin Nichols

4/3/96

CR2E034 (12/95)