Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90013 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500000364

1. Corporation Name

SANTORO'S AUTO CARE, INC.

					814 66 41 88 14 66 4 1 884 88 44 88 44	11 16	0 0 1111
Principal Place	e of Business	Mailing Address			EM ABILI BBILI BBIL		a aliani atar 1901
1115 W 15TH STREET PANAMA CITY FL 32401		200 W: 15TH STREET CLOSE P PANAMA CITY FL 32401					
US		1115 W. 15TH ST		DO NOT WRITE IN THIS SPACE			
}		PAMAMA CIT	7 FC32401	 Date Incorporated or Qualified 01/01/1995 			
2. Principal P	lace of Business	2a. Mailing Address	-72.0	4. FEI Number		A	pplied For
21		26 1115 W.	1514 57	59-3200680		<u> </u>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional
22		27					equired
City & State	e	City & State	CAT FO	6. Election Campaign Financing		•	May Be to Fees
23	Country	28 PANAMA	Country	Trust Fund Contribution			ID Lees
Zip	25	29 324/0/ 3	0 BA7	This corporation owes the cur Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren			10. Name and Address of New		<u> </u>	
	or Mario and Mario and Original	The group of the state of the s	81 Name		<u> </u>		
SAN	TORO, DENNIS M		5/4	NTORO, DENNIS Iress (P.O. Box Number is Not Accept	phia)		
200	W. 15TH STREET		UL SUBSITION	ress (P.O. Box Number is Not Accept	able)		
PAN	AMA CITY FL 32401		83		·····	·	
		/	84 City	mg CITY poration submits this statement for the	FLI		Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1608, Florida Statutes	the above-named corp	poration submits this statement for the ion's board of directors. I hereby acce	purpose of cha	anging its	registered
office or re	egistered agent, or both, in the State m familia with, and accept the obliga	of Florida: Such change was auti itions of, Section 607.0505, Florid	norized by the corporati la Statutes.	ion's board of directors. I hereby acce	pt the appoint	en as re	gistered
ū		<i>Y</i>			4 //an	00	
ぐしへいんていわせ					7 1/Un	~ /	
SIGNATURE	Signature, typed or printed name of registered age		egistered Agent signature require	ed when reinstating)	DATE		
SIGNATURE	OFFICERS AN	ID DIRECTORS	13.	ed when reinstating) ADDITIONS/CHANGES TO OR	FICERS AND	DIRECTO	
	OFFICERS AN		13.	ADDITIONS/CHANGES TO OF	FICERS AND		ORS IN 12
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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 suppliemental 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 comparation or the receiver or trustee employered 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

850 769-6933