

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000006600 (7)

1. Corporation Name
BUDGET AUTO CARE INC.

Principal Place of Business

5113 ERNST COURT
ORLANDO FL 32819

Mailing Address

5113 ERNST COURT
ORLANDO FL 32819-7552



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 500 W LANCASTER RD		26 500 W LANCASTER RD		01/18/1995		07/30/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 ORLANDO FL		28 ORLANDO FL		59-3302796		Not Applicable	
24 32809		29 32809		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARCO, CARROLL S SR. 6220 S. ORANGE BLOSSOM TRAIL, STE. 194 ORLANDO FL 32809				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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	PAGAN, ROSA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				1.2 NAME	JOSE OCASIO SR.		
STREET ADDRESS		5113 ERNST COURT		1.3 STREET ADDRESS	500 W LANCASTER RD		
CITY-ST-ZIP		ORLANDO FL 32819		1.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE			<input type="checkbox"/> DELETE	2.1 TITLE	JOSE OCASIO JR.		<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	5296 CHISWICK CR.		
STREET ADDRESS				2.3 STREET ADDRESS	ORLANDO FL 32809		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	S		<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	Lisette OCASIO		
STREET ADDRESS				3.3 STREET ADDRESS	5296 CHISWICK CR.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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:

 Rosa I. Pagan

CR2E034 (9/96)