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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90155 048 \*\*\*150.00

| DOCUMENT | #  | P9500000907        |
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| DOCUMENT | ", | <b>F3000000307</b> |

| PIT STOP 10 MINUTE OIL CHANGE, INC.   |                                       |                   |  |                             |   |   |    |  |  |  |
|---|---------------------------------------|-------------------|--|-----------------------------|---|---|----|--|--|--|
| Principal Place of Business   | e of Business Mailing Address         |                   |  |                             | T (401/144) (10 10(6) BIH) BBH OUTH CONT CONT CONT CONT CONT CONT                     |   |    |  |  |  |
| 2501 WEST SAMPLE ROAD BAY A-1 POMPANO BEACH FL 33073  2501 WEST SAMPLE ROAD BAY A-1 POMPANO BEACH FL 33073  |                                       |                   |  |                             | DO NOT WRITE IN THIS SPACE  |   |    |  |  |  |
|   |                                       |                   |  |                             | 3. Date Incorporated or Qualifed 02/03/1995   |   |    |  |  |  |
| 2. Principal Place of Business  | 2a. Mailing Address                   |                   |  |                             | 4. FEI Number   | Applied Fo  |    |  |  |  |
| 21  | 26                                    |                   |  |                             | 65-0549395  | Not Applic  |    |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                   |                   |  |                             | 5. Certifcate of Status Desired   | \$8.75 Addition Fee Required                                  | al |  |  |  |
| City & State  | City & State                          |                   |  | _                           | 6. Election Campaign Financing Trust Fund Contribution                                | \$5.00 May Be<br>Added to Fees                                |    |  |  |  |
| Zip Country   | Zip<br>29                             | Country<br>30     | у  |                             | This corporation owes the current<br>Personal Property Tax.                           | year Intangible<br>☐ Yes ☐ No                                 |    |  |  |  |
| 9 Name and Address of Current Registered Agent  |                                       |                   | 10. Name and Address of New Registered Agent |                             |   |   |    |  |  |  |
| SAYEGH, RICHARD   | · · · · · · · · · · · · · · · · · · · | 81                | ı N  | lame                        |   |   |    |  |  |  |
| 2501 WEST SAMPLE ROAD   |                                       |                   | 2 S  | treet Addres                | dress (P.O. Box Number is Not Acceptable)   |   |    |  |  |  |
| BAY A-1<br>POMPANO BEACH FL 33073   |                                       | 83                | 3  |                             |   |   |    |  |  |  |
| 101117410 00101172 00010  |                                       | 84                | ł C  | City                        |   | FL 85 Zip Code  |    |  |  |  |
| <ol> <li>Pursuant to the provisions of Sections 607<br/>office or registered agent, or both, in the S<br/>agent. I am familiar with, and accept the or</li> </ol> | itate of Florida. Such change was     | authorized by     | / the  | amed corpora<br>corporation | ation submits this statement for the pur<br>'s board of directors. I hereby accept th | rpose of changing its registe<br>ne appointment as registered | ed |  |  |  |
| SIGNATURE   |                                       |                   |  |                             |   | DATE  | -  |  |  |  |
| Signature, typed or printed name of registere   | d agent and title if applicable. (NOT | E: Registered Age | ent sig                                      | mature required w           | nen reinstating)  | DATE  |    |  |  |  |

| office or re<br>agent. I ar | egistered agent, or both, in the State of Florida. Such<br>in familiar with, and accept the obligations of, Section  | change was auth<br>607.0505, Florid   | norized by the corpora<br>a Statutes. | tion's board of directo | rs. I hereby accep  | t the appoint         | ment as reg    | istered    |
|-----------------------------|--|---------------------------------------|---------------------------------------|-------------------------|---------------------|-----------------------|----------------|------------|
| SIGNATURE                   |  |                                       |                                       |                         |                     | DATE                  |                |            |
|                             | Signature, typed or printed name of registered agent and title if applicable   | · · · · · · · · · · · · · · · · · · · | egistered Agent signature requ        |                         |                     |                       | DIDECTOR       | C (A) 40   |
| 12.                         | OFFICERS AND DIRECTORS   |                                       | 13.                                   | . ADDITIONS/C           | HANGES TO OFF       | ICERS AND             | Change         | Addition   |
| TITLE                       | D  | □ DELETE                              | 1.1 TITLE                             | •                       |                     |                       | ☐ Change       | Addition   |
| NAME                        | SAYEGH, RICHARD  |                                       | 1.2 NAME                              |                         |                     |                       |                |            |
| STREET ADDRESS              | 2501 WEST SAMPLE ROAD  |                                       | 1.3 STREET ADORESS                    |                         |                     |                       |                |            |
| CITY-ST-ZIP                 | POMPANO BEACH FL 33073   |                                       | 1.4 CITY-ST-ZIP                       |                         |                     |                       |                |            |
| TITLE                       | VPS  | ☐ DELETE                              | 2.1 TITLE                             |                         |                     |                       | ☐ Change       | ☐ Addition |
| NAME                        | SAYEAH, PAULA  |                                       | 2.2 NAME                              |                         |                     |                       |                |            |
| STREET ADDRESS              | 2501 W SAMPLE RD   |                                       | 2.3 STREET ADDRESS                    |                         |                     |                       |                |            |
| CITY-ST-ZIP                 | PAOMPANO BEACH FL 33073  |                                       | 2.4 CITY-ST-ZIP                       | -                       |                     |                       |                |            |
| TITLE                       |  | ☐ DELETE                              | 3.1 TITLE                             |                         |                     |                       | Change         | Addition   |
| NAME                        | and the second of the second o | -                                     | 3.2 NAME                              | • • •                   | . •                 | <b>-</b> - <u>-</u> - | *              |            |
| STREET ADDRESS              | •  |                                       | 3.3 STREET ADDRESS                    |                         |                     |                       |                |            |
| CITY-ST-ZIP                 |  |                                       | 3.4. CITY-ST-ZIP                      |                         |                     |                       |                |            |
| TITLE                       |  | ☐ DELETE                              | 4.1 TITLE                             |                         |                     |                       | Change         | ☐ Addition |
| NAME                        | ·  |                                       | 4. 2 NAME                             |                         |                     |                       |                |            |
| STREET ADDRESS              | 1. 2. 1.   |                                       | 4.3 STREET ADDRESS                    |                         |                     |                       |                |            |
| CITY-ST-ZIP                 |  |                                       | 4.4 CITY-ST-ZIP                       |                         |                     |                       | <u></u> .      |            |
| TITLE                       | \$ 2.5% (\$1.10)   | DELETE                                | 5.1 TITLE:                            |                         |                     |                       | Change         | ☐ Addition |
| NAME                        |  |                                       | 5.2 NAME                              |                         |                     |                       |                |            |
| STREET ADDRESS              |  |                                       | 5.3 STREET ADDRESS                    |                         |                     |                       |                |            |
| CITY-ST-ZIP                 |  |                                       | 5.4 CITY-ST-ZIP                       |                         |                     |                       |                |            |
| TITLE                       | ,  | ☐ DELETE                              | 6.1 TITLE                             |                         |                     |                       | Change         | ☐ Addition |
| NAME                        | •  |                                       | 6.2 NAME                              |                         |                     |                       |                |            |
| STREET ADDRESS              | :  |                                       | 6.3 STREET ADDRESS                    | •                       |                     |                       |                |            |
| CITY-ST-ZIP                 |  |                                       | 6.4 CITY-ST-ZIP                       |                         |                     |                       |                |            |
| 44 I hereby c               | ertify that the information supplied with this filing doe  | s not qualify for the                 | he exemption stated it                | n Section 119.07(3)(i). | Florida Statutes, I | further certi         | ty that the in | tormation  |

I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Informer 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, on an attachment with an address, with all other like empowered.

**SIGNATURE:**