

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000038198 (4)

1. Corporation Name

SEMINOLE MOBILE CAR CARE, INC.

FILED
Aug 07 1996 8:00 am
Secretary of State



Principal Place of Business Mailing Address
350 MISSION ROAD 350 MISSION ROAD
OVIEDO FL 32765 OVIEDO FL 32765

3. Date Incorporated or Qualified 05/12/1995	3a. Date of Last Report
4. FEI Number 59-3389042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1108 BLACK AL CTS.
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 WINTER SPRINGS, FL
24 Country	29 32708
25	30 SEM

9. Name and Address of Current Registered Agent

NICHOLS, CLAUDE A JR.
350 MISSION ROAD
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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's signature required when re-issuing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	PRES.	CHARLES R. PIMENTA, II	600 NORTH W. WAY #102	
		WINTER SPRINGS, FL	32708	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	SEC/TRES.	SHARON A. PIMENTA	1108 BLACK AL CTS.	
		WINTER SPRINGS, FL	32708	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Signature: Please Print

407-696-2996

CR2E034 (3/96)