

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047795 (6)

1. Corporation Name

PETE & MIKE QUALITY CARS INC.



Principal Place of Business

Mailing Address

6003 WILBETH AVE.
ORLANDO FL 32809

6003 WILBETH AVE.
ORLANDO FL 32809

2. Principal Place of Business	2a. Mailing Address
21 3740 OLD WINTER GARDEN RD	2307 HASTINGS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 ORLANDO FLORIDA	ORLANDO FLORIDA
Zip	Zip
24 32805	25 ORANGE
Country	Country
29 32808	30 ORANGE

9. Name and Address of Current Registered Agent

LALLBEHARRY, ANNA M
6003 WILBETH AVE.
ORLANDO FL 32809

3. Date Incorporated or Qualified	3a. Date of Last Report
06/16/1995	
4. FEI Number	Applied For Not Applicable
54-3060616	
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	

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 incorporated)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	
NAME	LALLBEHARRY, DEONARINE	1.2 NAME	
STREET ADDRESS	6003 WILBETH AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32809	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	
NAME	LALLBEHARRY, ANNA M	2.2 NAME	
STREET ADDRESS	6003 WILBETH AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32809	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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

3-28-96 401-295-1877

CR2E034 (12/95)