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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000052763 (6)

1. Corporation Name

MIKE'S AUTO REPAIR OF EUSTIS, INC.

Principal Place of Business

49 EAST PINECREST DRIVE
EUSTIS FL 32726

Mailing Address

49 EAST PINECREST DRIVE
EUSTIS FL 32726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/03/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3325494	
24 Country		29 Country		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MAYORGA, AUGUST C 553 IRIS STREET ALATAMONTE SPRINGS FL 32714-3114				81 Name Janet G. Mize	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				301 Douglas Dr	
				83	
				84 City Eustis 4	
				FL 85 Zip Code 32726	

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

Janet G. Mize

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	VP
NAME	MIZE, JANET G	1.2 NAME	
STREET ADDRESS	301 DOUGLAS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	PT
NAME	HESEL, HELEN C.	2.2 NAME	Michael J. Schwellinger
STREET ADDRESS	49 E. PINECREST DRIVE	2.3 STREET ADDRESS	301 Douglas Dr
CITY-ST-ZIP	EUSTIS FL	2.4 CITY-ST-ZIP	EUSTIS FL 32726
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 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:

Janet G. Mize

CR2E034 (10/97)