

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

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000064862 (2)

1. Corporation Name
DRS. MOBILE CAR CARE, INC.



Principal Place of Business
1750 N.W. 92ND AVENUE
PEMBROKE PINES FL 33024

Mailing Address
1750 N.W. 92ND AVENUE
PEMBROKE PINES FL 33024-3238

2. Principal Place of Business
21 1844 N. Nob Hill RD
Suite, Apt. #, etc.
22 264
City & State
23 Plantation FL
Zip Country
24 33322 25 USA
2a. Mailing Address
26 1844 N Nob Hill RD
Suite, Apt. #, etc.
27 264
City & State
28 Plantation, FL
Zip Country
29 33322 30 USA

3. Date Incorporated or Qualified
08/22/1995
3a. Date of Last Report
04/30/1996

4. FEI Number
65-0613669
Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

DIACO, ROBERT J
1750 N.W. 92ND AVENUE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Garcia, Dennis W. Jr
83 Street Address (P.O. Box Number is Not Acceptable)
84 8441 NW 25 COURT
85 City
Sunrise FL
86 Zip Code
33322

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]* DATE 8-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PO	DIACO, ROBERT J	1750 N.W. 92ND AVE.	PEMBROKE PINES FL	<input checked="" type="checkbox"/>
STD	DENNIS W. GARCIA, JR.	8441 NW 25TH COURT	SUNRISE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 *[Signature]* DATE 4/12/98

CR2E034 (9/96)