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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 10 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P95000064862 (2)

DOCUMENT #
1. Corporation Name DRS. MOBILE CAR CARE, INC. Principal Place of Business Mailing Address 1844 N NOBHILL RD 1844 N NOBHILL RD #264 PLANTATION FL 33322 PLANTATION FL 33322 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0613669 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Properly Tax due June 30. Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GARCIA JR. DENNIS W 8441 NW 25TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) SUNRISE FL 33322 83 84 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 registrated agent and title if applicable (NOTE: Registered Agen; signature required when roinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change Addition 1.1 1111.6 DENNIS W. GARCIA, JR. NAME 12 NAME **8441 NW 25TH COURT** STREET ADDRESS 13 STREET ADDRESS **SUNRISE FL** CITY-ST-ZIP 1.4 C/TY - ST - 7IP DELETE TITLE 21 TITLE ☐ Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIF DELFTE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - 7/P TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 5.4 CITY- \$1-ZIP DELETÉ TITLE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 CRY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed, or on an attachment with an address.