


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

FILED

May 08 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 # P96000012516 (6) 1. Corporation Name FIVE STAR AUTO CARE INC.					
Principal Place of Business 11562 S.W. 91ST TERRACE MIAMI FL 33176			Mailing Address 11562 S.W. 91ST TERRACE MIAMI FL 33176-1046		
2. Principal Place of Business 21 7995 SW 86 St 22 326 City & State 23 Miami, FL Zip 24 33143 Country 25 USA		2a. Mailing Address 26 7995 SW 86 St 27 326 City & State 28 Miami, FL Zip 29 33143 Country 30 USA		3. Date Incorporated or Qualified 02/06/1996 3a. Date of Last Report N/A 4. FET Number 65-0656358 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. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAFLEUR, DAVID W 11562 S.W. 91ST TERRACE MIAMI FL 33176			10. Name and Address of New Registered Agent 81 Name Lafleur, David W. 82 Street Address (P.O. Box Number is Not Acceptable) 7995 SW 86 St 83 # 326 84 City Miami, FL 85 Zip Code 33143		
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, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE David W. Lafleur Director 4/28/97 <small>(NOTE: Registered Agent signature required when terminating.)</small>					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME LAFLEUR, DAVID W STREET ADDRESS % 11562 SW 91ST TERRACE CITY-ST-ZIP MIAMI FL 33176 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Lafleur, David W. 1.3 STREET ADDRESS 7995 SW 86 St, # 326 1.4 CITY-ST-ZIP MIAMI, FL 33143 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



CR2E034 (9/96)

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: **David W. Lafleur** **4/28/97** **305-270-6924**