

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

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 SW 91ST TERRACE  
MIAMI FL 33176

Mailing Address

11562 SW 91ST TERRACE  
MIAMI FL 33176-1046

2. Principal Place of Business

21 7995 SW 86 St  
Suite, Apt. #, etc.  
22 326

2a. Mailing Address

26 7995 SW 86 St  
Suite, Apt. #, etc.  
27 326

City & State

23 Miami, FL  
Zip 33143  
Country USA

City & State

28 Miami, FL  
Zip 33143  
Country USA

9. Name and Address of Current Registered Agent

LAFLEUR, DAVID W  
11562 SW 91ST TERRACE  
MIAMI FL 33176

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 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, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*X* *David W. Lafleur*

*David W. Lafleur Director*

*4/28/97*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFLEUR, DAVID W	1.2 NAME	<i>Lafleur, David W.</i>
STREET ADDRESS	% 11562 SW 91ST TERRACE	1.3 STREET ADDRESS	7995 SW 86 St
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	# 326
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *X David W. Lafleur*

*4/24/97 270-6924*

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