

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000036929 (3)

1. Corporation Name

CAR CARE PROPERTIES, INC.

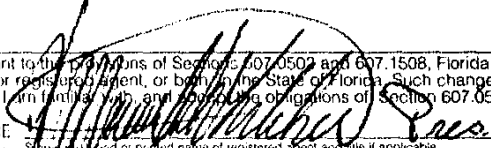


Principal Place of Business 798 W STATE RD 434 LONGWOOD FL 32750	Mailing Address 798 W STATE RD 434 LONGWOOD FL 32750-5124
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2. Principal Place of Business 21 796 W. State Rd. 434 Suite, Apt. #, etc.		2a. Mailing Address 26 796 W. State Rd. 434 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/25/1996		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number 59-3375652		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

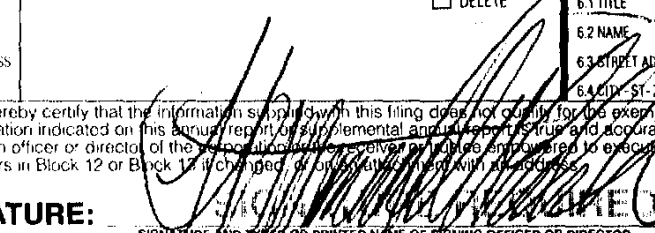
9. Name and Address of Current Registered Agent HARBERT, THOMAS R 225 E ROBINSON ST SUITE 600 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name Carter Bradford 82 Street Address (P.O. Box Number is Not Acceptable) 130 Hillcrest Street 83 84 City Orlando 85 Zip Code FL 32801			
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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 in fulfillment of, and compliance with, the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
☒ DELETE				☐ Change ☐ Addition			
1.1 TITLE NAME D WALKER, BILL C STREET ADDRESS 798 W STATE RD 434 CITY-ST-ZIP LONGWOOD FL 32750				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
☐ DELETE				☒ Change ☐ Addition			
2.1 TITLE NAME D WHITEHEAD, J. MARK STREET ADDRESS 798 W STATE RD 434 CITY-ST-ZIP LONGWOOD FL 32750				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☒ Addition			
3.1 TITLE NAME VP D STREET ADDRESS 796 W. State Rd. 434 CITY-ST-ZIP LONGWOOD FL 32750				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☒ Addition			
4.1 TITLE NAME SEC D STREET ADDRESS 796 W. State Rd. 434 CITY-ST-ZIP LONGWOOD FL 32750				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☐ Addition			
5.1 TITLE NAME VP D STREET ADDRESS 796 W. State Rd. 434 CITY-ST-ZIP LONGWOOD FL 32750				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☐ Addition			
6.1 TITLE NAME VP D STREET ADDRESS 796 W. State Rd. 434 CITY-ST-ZIP LONGWOOD FL 32750				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
☐ DELETE				☐ Change ☐ Addition			

14. I do hereby certify that the information supplied in 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; and that I am authorized 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 both, as required by Chapter 607, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 3/27/97 DAYTIME PHONE: 0000000