FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



LORIDA DEPARTMENT OF STATE

**FILED** 

Jun 05 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of Late

DIVISION OF CORPORATIONS

DOCUMENT # P96000061585 (1)

**QUALITY CAR SERVICE CORPORATION** 

·										
Principal Place of Business Mailing Address							1 (66)1001 110 10110 51111 50111 50111 50111		201 01151 1011	
5857 HAINES R ST. PETERSBUR	OAD RG FL 33714		S857 HAINES ROAD ST. PETERSBURG FL 33714-1438							
							3. Date Incorporated or Qualified 07/22/1996	3a. Dat	e of Last F	Report
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number		A	pplied For
21		26	26				59-339 207	<u>e</u>	N	ot Applicable
Suffe, Apt.	#, etc.	27					5. Certificate of Status Desired			
City & State	Ð	City &	Cily & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution			
Zip	Country	<del> </del>	, `		untry <		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	4	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9, Name and Address of Curr	ent Hegistered A	gent		81	Name	10. Name and Address of New Re	gistered A	Beur	
YOUNG, OMER C					٠.	Ivanie				
	' HAINES ROAD PETERSBURG FL 33714				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
QI. T	reignopunu re 00/ 14				83	<del></del>				
					84	City			<b>85</b> Zip	Code
-					l	•		FL		
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS A	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D		DELETE	1.1 11	ILE	.			Change	☐ Addition
NAME	YOUNG, OMER C			1.2 N	AME	Ì				
STREET ADDRESS	5857 HAINES ROAD		1.8 STREET ADDRESS			ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33714				1.4 CITY - ST - ZIP				<del></del>	
TITLE .	Pr Cupi V		☐ DELETE	2.1 Ti	TLE			i	Change	Addition
NAME	Young, Cathleent	•	2.2 N							
STREET ADDRESS	Young Cothleene. 5860 HAINE ROAD St. Breesure, FL 33					ADDRESS				
CITY-ST-ZIP	St. Kneckurg, FL 33	714	Lociete			S1 - ZIP			Change	Addition
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		☐ DEFELE	3.1 Ti					crange	
NAME					3.2 NAME  3.3 STREET ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP TITLE			DELFTE	4.1 71		SI - 21P			Change	Addition
NAME				4. 2 N						
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NAME got .				5.2 N					-	
STREET ADDRESS	. 50 					ADDRESS				
CITY-ST-ZIP	i de					T - ZIP				
TITLE			DELETE	6.1 11					Change	☐ Addilion
NAME 1				6.2 N	AME					
STREET ADDRESS				6.3 S	REET	ADDRESS				
STREET ADDRESS				6.3 S	REET	ADDRESS				

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.