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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000065867 (9)

D AND I TEXACO AUTO SERVICE, INC.

## **FILED** Mar 23 1998 8:00am Secretary of State

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Principal Plac	e of Business	M	ailing Address				-{ 1 1801/1861 150 54/48 814/1 40/1/ 88/1/ 1	<b>Bû</b> lle <b>Be</b> reb Bill	DI GANGO HAKU	) <b>(                                    </b>
1 .	H CYPRESS		550 SOUTH CYPRESS	2						
	BEACH FL 33060		POMPANO BEACH FL							
							DO NOT WRITE	IN THIS SF	PACE	
}							<ol> <li>Date Incorporated or Qualified 08/07/1996</li> </ol>			
2. Principal P	Place of Businoss	26.	Mailing Address				4. FEI Number	,	A	pplied For
21		26				_	65-0685365		N	ot Applicable
Suite, Apt.	. #, etc.	L_,	Suite, Apt. #, etc.				5. Certificate of Status Desired	П		Additional
22		27		<u> </u>			<b>9.</b> Common of Charles Common		Fee R	equired
City & Stat	to	ļ <sub>7</sub>	City & State				6. Election Campaign Financing	_		May Be
23	T. Country	28	7		<b></b>		Trust Fund Contribution	<u> </u>		to Fees
Zip	Country	<u> </u>	Zip	Cou	ritry		8. This corporation owes or has pa	_	· · -	itangible No
24	25   9. Name and Address of	Current Benis	tered Agent	30			Personal Property Tax due June  10. Name and Address of New Re			
<del></del>	<del></del>		Kereo Agoni		81	Name	10. Name and Address of New No	Alereian M	Join	
	GOTTLIEB, FREDRIC I ESC									
1	551 N.W. 77TH STREET #2	211				Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
"	BOCA RATON FL 33487			- 1	83	<del></del>				
İ				l						
1				ĺ	84	City			<b>85</b> Zip	Code
11 Pursuant	to the provisions of Sections (	607 0502 and 6	07 1508 Florida Statu	ites the at	nove.	named corpo	oration submits this statement for the p	Urpose of c	hanoina i	ts registered
office or	registered agent, or both, in th	ne State of Flori	da. Such change was	authorized	i by	the corporation	on's board of directors. I hereby accep	ot the appoi	ntment as	registered
1	am tamiliar with, and accept th	ie obligations b	7, Section 607.0505, F	iorida Stati	utes.					
SIGNATURE										
	Signature, typed or project paren of rec-	stered agent and brin	i annicable (NO	TF Hegislered	Anen	t signature require	cf when reinstating)	DATE		
	Signature, typed or printed name of reg- OFFICE	stered agent and Inle			Agen	t signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE CERS AND [	DIRECTOR	3S IN 12
12.				13,		it signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND [	DIRECTOR Change	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:** 

3.11.98

(954) 942-5560.