

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000094484 (8)

1. Corporation Name
ADVANCED AUTO REPAIR & SALES INC.

Principal Place of Business 13492 CHAMBORD ST BROOKSVILLE FL 34613	Mailing Address 13492 CHAMBORD ST BROOKSVILLE FL 34613
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15480 CORTEZ BLVD Suite, Apt. #, etc.		2a. Mailing Address 26 15480 CORTEZ BLVD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1997
22 City & State 23 BROOKSVILLE, FL Zip 24 34613		27 City & State 28 BROOKSVILLE, FL Zip 29 34613		4. FEI Number 59-3412601 Applied For <input type="checkbox"/> Not Applicable
25 USA		30 USA		5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent NAGEL, RISA 13492 CHAMBORD ST BROOKSVILLE FL 34613		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Risa Pacheco Vice President 2-12-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P PACHECO, EDWARD T	1.2 NAME	
STREET ADDRESS	3287 GREYNOLDS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V NAGEL, RISA	2.2 NAME	
STREET ADDRESS	3287 GREYNOLDS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST PACHECO, JANE	3.2 NAME	
STREET ADDRESS	12383 LINDEN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34608	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Risa Pacheco 1/21/98 352 799 0212

CR2E034 (10/97)