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May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004085 (1)

1. Corporation Name

TOTAL AUTO CARE, INC.



Principal Place of Business

245 NE 183RD ST., BAY 1A, 1B, 2A
NORTH MIAMI FL 33179

Mailing Address

650 NW 86 PL. #104
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 245 NE 183RD ST

Suite, Apt. #, etc.

22 BAY 1A, 1B, 2A, 2B

City & State

23 NORTH MIAMI, FL

Zip

24 33179

Country

25 USA

2a. Mailing Address

26 245 NE 183RD ST

Suite, Apt. #, etc.

27 BAY 1A, 1B, 2A, 2B

City & State

28 NORTH MIAMI, FL

Zip

29 33179

Country

30

3. Date Incorporated or Qualified

01/15/1997

4. FEI Number

65-0729111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLOIS, GERALDINE D
650 NW 86 PL. #104
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

DE BLOIS GERALDINE

82 Street Address (P.O. Box Number is Not Acceptable)

245 NE 183RD ST

83

BAY 1A, 1B, 2A, 2B

84 City

NORTH MIAMI

FL

85 Zip Code

33179

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLOIS, GERALDINE D

STREET ADDRESS 650 NW 86 PL. #104

CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☐ Addition

1.2 NAME DE BLOIS, GERALDINE

1.3 STREET ADDRESS 245 NE 183RD ST BAY 1A, 1B, 2A, 2B

1.4 CITY-ST-ZIP NORTH MIAMI, FL 33179

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: GERALDINE DE BLOIS

4/23/98 13051651-0604

CR2E034 (10/97)