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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9700007979 (2)

J & S QUALITY CAR CARE, INC.

Principal Place of Business

Mailing Address

FILED
May 22 1998 8:00am
Secretary of State



	maning riotheod		
6250 42ND STREET NORTH. #1 PINELLAS PARK FL 33781	6250 42ND STREET NORTH. PINELLAS PARK FL 33781	l. <b>#1</b>	
THE COLOR FRANCE COLOR	I MELLAS I AMA I E VOIDI		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
			01/28/1997
Prinsipal Place of Business	2a. Mailing Address	.17	4. 5El Number   Applied For
21 4/01 62Md au No.	26 410162Vd	are No.	ARRIVED TOV Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		UV 58 75 Additional
<del></del>	27		5. Certificate of Status Desired Fee Required
23 Kinellas Park FC.	28 Pintuas l	ark FC	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 33781 25 Villus	29 33781 30	o Proll	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
Name and Address of Current R	egistered Agent		10. Name and Address of New Registered Agent
MONTGOMERY, STEPHEN C 81 Name			
6250 42ND STREET NORTH, #1		82 Street A	ddress (P.O. Box Number is Not Acceptable)
PINELLAS PARK FL 33781		OZ SIFEET A	doress (A.O. Box Nulliper Is Not Acceptable)
•		B3	MIN
			1111
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 at	nd 607.1508, Florida Statutes,	the above-named_c	orporation submits this statement for the purpose of changing its registered oration's branch of directors it hereby accept the appointment as registered
<ul> <li>office or registered agent, or both, in the State of F agent. I am familiar with, and accept the obligation</li> </ul>	Torida Such change was auth	horized by the corne	oration's board of directors, hereby accept the appointment as registered
SIGNATURE Step Wer (. M	menia o from	_ Ala	Cle : Madf 4-1-98
Signature. Wheel or printed in the olders is and agent an  12. OFFICE RS AND DI			quired when winstating) DATE
12. OFFICERS AND DI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	C. A . A . A	1.1 TITLE	Change Addition
NAME Starter Wonty	giving	1.2 NAME	
STREET ADDRESS 372 Bay Plaza	×	1.3 STREET ADDRESS	
CITY-ST-ZIP TOPERSURE ISI-	11. 33706	1.4 CITY - ST - ZIP	
TITLE	LJ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	;
CITY-ST-ZIP	<u> </u>	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS	i	3.3 STREET ADDRESS	
CHY-ST-ZIP		3.4. CITY - ST - ZIP	
THLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	· ·
STREET ADDRESS		4.3 STREE1 ADDRESS	}
CITY-ST-ZIP		4.4 CITY - S1 - ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	•	6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP	,	6.4 CITY-ST-ZIP	
	is filing does not qualify for th		in Section 119.07(3)(i). Florida Statutes. I further certify that the information
indicated on this annual report or supplymental and	nual report is true and accura-	e and that my signa	iture shall have the same legal effect as if made under oath; that I am an
14. Thereby 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 supply discribed and actuary and supplied and under oath; that I am an officer or director of the corporation of why recover or trystep 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 oil in a graphment with an address.			