


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

FILED
Feb 02 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 # **P97000040687 (0)**

1. Corporation Name

FAMILY CAR CARE SALES & SERVICES, INC.



Principal Place of Business 4502 OLD WINTER GARDEN ROAD ORLANDO FL 32811	Mailing Address 237 BAY WEST NEIGHBOR CIRCLE ORLANDO FL 32835
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3442903	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLANCO, CESAR A 237 BAY WEST NEIGHBOR CIRCLE ORLANDO FL 32835				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code

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]* **1-20-98**
Signature, typed or printed name of registered agent and line if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME P. Cesar Blanco	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 237 Bay West Neighbor Circle		12. NAME	
CITY - ST - ZIP Orlando, FL 32835		13. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	14. CITY - ST - ZIP	
STREET ADDRESS		21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		22. NAME	
TITLE <input type="checkbox"/> DELETE	NAME	23. STREET ADDRESS	
STREET ADDRESS		24. CITY - ST - ZIP	
CITY - ST - ZIP		31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		42. NAME	
CITY - ST - ZIP		43. STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	44. CITY - ST - ZIP	
STREET ADDRESS		51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		52. NAME	
TITLE <input type="checkbox"/> DELETE	NAME	53. STREET ADDRESS	
STREET ADDRESS		54. CITY - ST - ZIP	
CITY - ST - ZIP		61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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: *[Signature]* **1-20-98 (407) 523-0876**

CR2E034 (10/97)