

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90022 050 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000061098**

1. Corporation Name  
**QUALITY CAR REPAIR, INC.**

Principal Place of Business  
7 SW 8TH COURT  
DELRAY BEACH FL 33444

Mailing Address  
7 SW 8TH COURT  
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/14/1997**

2. Principal Place of Business 21 <b>1 W Linton Blvd.</b> Suite, Apt. #, etc. 22 <b>Suite 5-6</b> City & State 23 <b>DELRAY BEACH FLORIDA</b> Zip 24 <b>33444</b>	2a. Mailing Address 26 <b>1 W Linton Blvd</b> Suite, Apt. #, etc. 27 <b>Suite 5-6</b> City & State 28 <b>FLORIDA DELRAY BEACH</b> Zip 29 <b>33444</b> Country 30 <b>Palm Beach</b>
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4. FEI Number <b>65-0822001</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, ERROL S**  
7 SW 8TH COURT  
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name <b>ERROL S. Brown</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7 S.W. 8 CT</b>
83
84 City <b>Delray Beach.</b>
85 Zip Code <b>33444</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BROWN, ERROL S</b> <b>7 SW 8TH COURT</b> <b>DELRAY BEACH FL 33444</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>BROWN, MAJORIE</b> <b>7 SW 8TH COURT</b> <b>DELRAY BEACH FL 33444</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

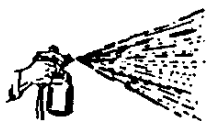
**7-12-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



**LINTON PAINT & BODY**

p97000061098  
596463-90022-52

July 12, 1999

Florida Dept of Labor & Employment

107 East Madison Street  
Tallahassee, Florida 32399

~~Subject: My 1999 Annual Report~~

Reference: Phone call to your office on July 8, 1999

June 29, 1999, I received a copy of my 1999 annual report marked **second notice** with a fee of **\$555.00**. **This assessment is unjust and imposes a hardship on my business.**

The reason it is unjust, I did receive the first notice of the annual report for 1999. I do not know whether it was loss in the mail system or wasn't mail out. Secondly, being a new business, incorporated October of 1998, I was not accustom to filing an annual report for a business.

This assessment imposes a hardship on my business being new, less than a year old (9 months) with 4 employees and a net income last year of a lost of **\$11,000**.

Thank you for your consideration.

Yours truly,