


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

FILED

Feb 26 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 # **P97000064158 (3)**

1. Corporation Name

FINA CAR REPAIRS, INC.



Principal Place of Business 555 SOUTH FEDERAL HIGHWAY, STE. 450 BOCA RATON FL 33432	Mailing Address 555 SOUTH FEDERAL HIGHWAY, STE. 450 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 E. SUGARLAND HWY Suite, Apt. #, etc.		2a. Mailing Address 26 700 E. SUGARLAND HWY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1997	
22 City & State 23 CLEWISTON FLA		27 City & State 28 CLEWISTON FLA		4. FEI Number 65-0769111	
24 33440		25 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 33440		27 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 33440		29 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TROYAN, JOHN 555 SOUTH FEDERAL HIGHWAY, STE. 450 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name JOHN TROYAN 82 Street Address (P.O. Box Number is Not Acceptable) 4545 SOUTH LAKE DRIVE 83 84 City BOYNTON BEACH FL 85 Zip Code 33436	
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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 *John Troyan President*

(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	D TROYAN, JOHN 555 SOUTH FEDERAL HIGHWAY, STE. 450 BOCA RATON FL 33432	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS 4545 SOUTH LAKE DRIVE Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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		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		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		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: *John Troyan - John P. TROYAN, President*

2/16/98

941-902-9595

CR2E034 (10/97)