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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90061 016 ***150.00

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071116

Corporation Name

Principal Place of Business

PROFESSIONAL AUTO CARE EXPERTS, INC.

3440 N.W. 27TH AVE. 3440 N.W. 27TH AVE. POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/18/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3461611 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year Intangible Country Country Zip Zip □No ☐ Yes Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MULHOLLAND, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 82 1050 S. MILITARY TRAIL #306 DEERFIELD BEACH FL 33442 83 海蓋 海湿温度用毒素 自動 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ DELETE 1.1 TITLE TITLE MULHOLLAND, STEPHEN 1.2 NAME NAME 1050 S MILITARY TR #306 1.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BCH FL 33442** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE VΡ 2.2 NAME DOBBIN, TIMOTHY NAME 2.3 STREET ADDRESS STREET ADDRESS 6340 NW 38TH DR 2.4 CITY-ST-ZIP CORAL SPRINGS FL 33067 CITY-ST-ZIP Addition ☐ Change □ DELETE 31TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP : Addition ☐ Change DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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 chapged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

11199

(954) 970-3929

Change

Addition

CR2E034 (11/98)