## 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 # P97000072225 (0)

CINO'S CAR CARE CENTER INC.

Principal Place of Business

Mailing Address

2808 ADAMS STREET WEST

2808 ADAMS STREET WEST

## **FILED** Jan 20 1998 8:00am Secretary of State



INVERNESS FL 34453		INVERNESS FL 34453			DO NOT WRITE IN	I THIS SE	PACE			
							3. Date Incorporated or Qualified			
	_	J			08/19/1997					
2. Principal Place of Business 3 Julea. Mailing Address							4. FEI Number		A	applied For
21 8270 West (Rale Clarater 26 8270 Way G				are Cloudery Sluc			59-346/543	·		lot Applicable
27			vpt. #, etc.				5. Certificate of Status Desired	<b></b>	<b>+</b>	Additional Required
Cily & State	Gity & State					6. Election Campaign Financing		\$5.00	May Be	
23 170/105	95x P1.	28 HUMOSASS		( •				<u> </u>		to Fees
ສາ <b>ວັ</b> ໃນແນ່/	Cart oc	$\Box$ $\checkmark$ $0$ 0 $0$ $\checkmark$		country	,		This corporation owes or has paid     Personal Property Tax due June 36			ntangible No
5412 A A A A	9. Name and Address of Current F	Registered Agent	30				10. Name and Address of New Regis			L_1 140
CINO, JOSEPH				81	Name	0				
2808 ADAMS STREET WEST INVERNESS FL 34453				92	22 Stroyl Address (B.O. Boy Number is Not Assessible)					
					82 Street Address (P.O. Box Number is Not Acceptable) 83					
							oration submits this statement for the pur	FL		
agent. I ar SIGNATURE	n familiar with, and accept the obligation familiar with and accept the obligation of registered agent a	ons of, Section 607.0505,	, Florida S	Statutes	S.		on's board of directors. Thereby accept to the state of t	DATE DATE	THE THE A	·
12.	OFFICERS AND D			3.	on organiza	- trigger o	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	D	DELETE		1 TITLE		Τ			Change	
NAME	CINO, JOSEPH		1.2	2 NAME						
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CITY-ST-ZIP	INVERNESS FL 34453		1.4	4 CITY-S	T - 7(P					
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STREET ADDRESS					ADDRESS					
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NAME				2 NAME				<b>L</b>		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				4 CITY - S						
14. I hereby ce	ertify that the information supplied with	this filing does not qualify	y for the e	exemp	tion sta	ted in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certi	fy that the	e information
officer or a		er or trustee empowered:					e shall have the same legal effect as if m ired by Chapter 607, Florida Statutes; an			