

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997/8		FLORIDA DEPARTMENT OF STATE Sandra B. Morinam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000074554
1. Corporation Name
ONE STOP AUTO SERVICE, INC.

Principal Place of Business
**430 S DIXIE HWY
LANTANA, FL 33462**

Mailing Address
**SUITE 5
508 N. DIXIE HWY
LANTANA, FL 33462**

2. Principal Place of Business	2a. Mailing Address
21 N/A	26 N/A
22 Suite, Apt #, etc	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qual Fed	3a. Date of Last Report
8-25-97	N/A
4. FTT Number	Applied For
65-0773185	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input 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 has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**JACQUELINE D. BRIGGS
430 S DIXIE HWY
LANTANA, FL 33462**

10. Name and Address of New Registered Agent

81 Name: **MARK E. MONTOZZI**

82 Street Address (P.O. Box Number is Not Acceptable): **12483 67TH ST. N**

83

84 City: **WEST PALM BEACH FL** 85 Zip Code: **33412**

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: *Mark E. Montozzi* **MARK E. MONTOZZI** 1-12-98

Signature typed or printed name of registered agent and that applicable (Not a Registered Agent signature required when non-binding)

12. OFFICERS AND DIRECTORS

TITLE P/D	NAME JACQUELINE D. BRIGGS <input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6212 BOYD LANE	
CITY-ST-ZIP LANTANA, FL 33462	
TITLE D	NAME JACK D. BRIGGS <input checked="" type="checkbox"/> DELETE
STREET ADDRESS 6212 BOYD LANE	
CITY-ST-ZIP LANTANA, FL 33462	
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME <input type="checkbox"/> DELETE
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D	NAME MARK E. MONTOZZI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 STREET ADDRESS 12483 67TH ST N	
13 CITY-ST-ZIP WEST PALM BEACH, FL 33412	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	980002411039
63 STREET ADDRESS	-01/26/98--01009--004
64 CITY-ST-ZIP	***150.00

CS/1/23/98

14. I do 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 trustee 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: *Mark E. Montozzi* **MARK E. MONTOZZI** 1-12-98 561-582-2897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)