PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		RIDA DEPARTM Katherine Secretary of VISION OF COF	f State	May 1 Secre	FILED 0, 1999 8: etary of St 999 90264 024 ***15	
DOCUMENT # P98000 Corporation Name PALM BEACH AUTOCARE, INC.	013806	6			EDIN ADIN ADIN ADIN NA ANI NA ANI	NII OCTO OTIC INC
rincipal Place of Business	Mailing Addre	200				
IO SHADY PINE WAY DI EST PALM BEACH FL 33415	510 SHADY P		j ·		WRITE IN THIS SPACE	
	4-11-4			3. Date incorporated or Qua 02/11/1998		Applied For
. Principal Place of Business	2a. Mailing A	ddress		4. FEI Number 65-0817	343 🗖	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt	t. #, etc.		5. Certifcate of Status Desir	nor	5 Additional Required
City & State	City & Sta	ate		<ol> <li>Election Campaign Finan Trust Fund Contribution</li> </ol>		0 May Be d to Fees
Zip Country	Zip	30	Country	<ol> <li>This corporation owes the Personal Property Tax.</li> </ol>	e current year Intangible	M NO
25 9. Name and Address of Current				10. Name and Address of M		
MACALUSO, JAMES				/ Address (P.O. Box Number is Not Ad	cceptable)	
510 SHADY PINE WAY D1					,	
			83	· · · · · · · · · · · · · · · · · · ·		
WEST PALM BEACH FL 33415 1. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both in the State of	of Florida, Such ch	hande was autho	orized by the corp	corporation submits this statement for	FL	p Code its registered registered
WEST PALM BEACH FL 33415 1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligati SIGNATURE Signature. typed or printed name of registered agent 2. OFFICERS AND	of Florida. Such ch ions of, Section 6 Constraints of the section for t and title if applicable D DIRECTORS	NOTE: Rec	84 City the above-named orized by the corp a Statutes. gistered Agent signature 13.	equired when reinstating)	or the purpose of changing accept the appointment as Strife O OFFICERS AND DIREC	its registered registered I G TORS IN 12
WEST PALM BEACH FL 33415 1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. I am familiar with, and accept the obligati SIGNATURE SIGNAT	of Florida. Such ch ions of, Section 6 Constraints of the section for t and title if applicable D DIRECTORS	hange was autho 07.0505, Florida	84 City the above-named orized by the corp Statutes. 13. 1.1 TITLE 12 NAME	equired when reinstating)	FL   or the purpose of changing accept the appointment as	its registered registered IQ TORS IN 12
WEST PALM BEACH FL 33415           1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE I am familiar with accept the obligation SIGNATURE I am familiar with and accept the obligation SIGNATURE I am familiar with accept the obligation SIGNATURE I accept the obligation SIGNATURE I accept the obligation SIGNATURE I accept the obligation SIGNATURE I a	of Florida. Such of ions of, Section 60 Land title if applicable D DIRECTORS	nange was autho 07.0505, Florida (NOTE: Reg DELETE	84 City the above-named orized by the corp Statutes. 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	equired when reinstating)	FL	Its registered registered I TORS IN 12 e DLAddition
WEST PALM BEACH FL 33415           1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familier with, and accept the obligation of th	of Florida. Such of ions of, Section 6 Constraints of Section 6 Constraints of Section 6 Constraints of Section 6 D DIRECTORS	NOTE: Rec	84 City the above-named orized by the corp Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when reinstating)	or the purpose of changing accept the appointment as Strife O OFFICERS AND DIREC	its registered registered I I I I I I I I I I I I I I I I I I I
WEST PALM BEACH FL 33415           1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familier with, and accept the obligation of th	of Florida. Such of ions of, Section 6 Constraints of Section 6 Constraints of Section 6 Constraints of Section 6 D DIRECTORS	nange was autho 07.0505, Florida (NOTE: Reg DELETE	84     City       the above-named orized by the corp     Statutes.       statutes.     13.       1.1 TITLE     12. NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.2 NAME       2.3 STREET ADDRESS	equired when reinstating)	FL	Its registered registered I TORS IN 12 e DLAddition
WEST PALM BEACH FL 33415           1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation SIGNATURE State of registered agent           SIGNATURE State of the obligation of the	of Florida. Such of ions of, Section 6 Note of Applicable D DIRECTORS	nange was autho 07.0505, Florida (NOTE: Reg DELETE	84     City       the above-named orized by the corp     Statutes.       statutes.     13.       1.1 TITLE     12. NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     2.3 STREET ADDRESS       2.3 STREET ADDRESS     2.4 CITY-ST-ZIP       3.1 TITLE     3.1 TITLE	equired when reinstating)	FL	its registered registered I I TORS IN 12 e DRAddition
WEST PALM BEACH FL 33415           1. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the oplication Signature. typed or printed name of registered agent           2. OFFICERS ANIT           2. OFFICERS ANIT           3. OFFICERS ANIT           2. OFFICERS ANIT           AME           INACALUSO, JAMES           510 SHADY PINE WAY D1           WEST PALM BEACH FL 33415           TILE           AME           ITY-ST-ZIP           WEST PALM BEACH FL 33415           TILE           AME           ACALUSO, JAMES           510 SHADY PINE WAY D1           WEST PALM BEACH FL 33415           TILE           AME           MACALUSO, ADRIENDER           510 SHADY PINE WAY D1           WEST PALM BEACH FL 33415           TILE           AME	of Florida. Such of ions of, Section 6 Note of Applicable D DIRECTORS	Ange was author 07.0505, Florida (NOTE: Rec ) DELETE	84     City       beta bove-named     orized by the corp       statutes.     statutes.       gistered Agent signature     13.       1.1 TITLE     12 NAME       1.3 STREET ADDRESS     1.4 CITY-ST-ZIP       2.1 TITLE     22 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP	equired when reinstating)	FL	its registered registered I I TORS IN 12 e DRAddition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligation of the state of signature. typed or printed name of registered agent         SIGNATURE       Signature. typed or printed name of registered agent         2.       OFFICERS AND         TILE       D         AME       MACALUSO, JAMES         TREET ADDRESS       510 SHADY PINE WAY D1         WEST PALM BEACH FL 33415         TILE       D         MACALUSO, JAMES         510 SHADY PINE WAY D1         WEST PALM BEACH FL 33415         TILE       D         MACALUSO, ADDES         510 SHADY PINE WAY D1         WEST PALM BEACH FL 33415         TILE         MACALUSO, ADDRESS         TITE         MACALUSO, TO SUBJUE         Stop Stady Pine         WEST PALM BEACH FL 33415	of Florida. Such of ions of, Section 6 <u>Note</u> and the if applicable D DIRECTORS	Ange was author 07.0505, Florida (NOTE: Rec ) DELETE	84     City       the above-named orized by the corp     Statutes.       statutes.     Statutes.       13.     1.1 TITLE       12. NAME     1.3 STREET ADDRESS       1.4 CITY-ST-ZIP     2.1 TITLE       2.2 NAME     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.2 NAME     3.2 NAME	equired when reinstating)	FL	its registered registered 19 TORS IN 12 e DAddition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligation of the state of signature. typed or printed name of registered agent         SIGNATURE       Signature. typed or printed name of registered agent         2.       OFFICERS ANK         2.       OFFICERS ANK         3.       D         MACALUSO, JAMES       510 SHADY PINE WAY D1         THE       MACALUSO, JAMES         TREET ADDRESS       510 SHADY PINE WAY D1         TREET ADDRESS       510 SHADY PINE WAY         TREET ADDRESS       510 SHADY PINE WAY         TREET ADDRESS       10 SHADY PINE WAY         TREET ADDRESS       10 SHADY PINE WAY         TREET ADDRESS       11 SHADY	of Florida. Such of ions of, Section 6 <u>Note</u> and the if applicable D DIRECTORS	Ange was author O7.0505, Florida (NOTE: Reg DELETE DELETE DELETE	84     City       the above-named orized by the corp       Statutes.       sistered Agent signature in the signater in the signater in the signater in the signater in th	equired when reinstating)	FL         or the purpose of changing accept the appointment as         O OFFICERS AND DIREC         O OFFICERS AND DIREC         Chang         Chang         Chang	its registered registered <u>19</u> TORS IN 12 e DiAddition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation of the state cagent. I am familier with, and accept the obligation. I and the state cagent of the st	of Florida. Such of ions of, Section 6 <u>Note</u> and the if applicable D DIRECTORS	Ange was author O7.0505, Florida (NOTE: Reg DELETE DELETE DELETE	84     City       the above-named orized by the corp       Statutes.       sistered Agent signature       13.       1.1 TITLE       12.NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       2.1 TITLE       2.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       3.1 TITLE       3.2 NAME       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       4.1 TITLE	equired when reinstating)	FL         or the purpose of changing accept the appointment as         O OFFICERS AND DIREC         O OFFICERS AND DIREC         Chang         Chang         Chang	its registered registered <u>19</u> TORS IN 12 e DiAddition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State c agent. I am familier with, and accept the obligation SIGNATURE State Control of printed name of registered agent         SIGNATURE State Control of Sections 607.0502 agent. I am familier with, and accept the obligation SIGNATURE State Control of Printed name of registered agent         SIGNATURE State Control of Sections 607.0502 agent. I am familier with, and accept the obligation SIGNATURE State Control of Printed name of registered agent         2. OFFICERS AND THE         AME         MACALUSO, JAMES         510 SHADY PINE WAY D1         WEST PALM BEACH FL 33415         THE         MACALUSO, ADDELSON         THE         AME         TREET ADDRESS         SID Shady Pine Way         THE         AME         TREET ADDRESS         SITY-ST-ZIP         THE         THE         AME         SITY-ST-ZIP         THE         THE         AME         SITY-ST-ZIP         THE         THE         AME         SITY-ST-ZIP         THE         THE         AME         SITY-ST-ZIP         THE	of Florida. Such of ions of, Section 6 Active if applicable D DIRECTORS	Ange was author O7.0505, Florida (NOTE: Reg DELETE DELETE DELETE	84     City       bitered Agent signature     1       13.     1.1 TITLE       12 NAME     1.3 STREET ADDRESS       1.4 CITY-ST-ZIP     2.1 TITLE       2.2 NAME     2.3 STREET ADDRESS       2.4 CITY-ST-ZIP     3.1 TITLE       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       3.1 TITLE     3.3 STREET ADDRESS       3.4 CITY-ST-ZIP     3.1 TITLE       3.3 STREET ADDRESS     3.4 CITY-ST-ZIP       4.1 TITLE     4.2 NAME       4.3 STREET ADDRESS	equired when reinstating)	FL         or the purpose of changing accept the appointment as         O OFFICERS AND DIREC         O OFFICERS AND DIREC         Chang         Chang         Chang	its registered registered IQ TORS IN 12 e DLAddition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation office or registered agent.         IGNATURE       Image:	of Florida. Such of ions of, Section 6 Active if applicable D DIRECTORS	ange was author 07.0505, Florida (NOTE: Rec DELETE DELETE DELETE	84       City         between amed       corrected by the corp         Statutes.       astered Agent signature         13.       1.1 TITLE         12. NAME       1.3 STREET ADDRESS         1.4 CITY-ST-ZIP       2.1 TITLE         2.2 NAME       2.3 STREET ADDRESS         2.4 CITY-ST-ZIP       3.1 TITLE         3.2 NAME       3.3 STREET ADDRESS         3.4 CITY-ST-ZIP       4.1 TITLE         3.3 STREET ADDRESS       3.4 CITY-ST-ZIP         4.1 TITLE       4.2 NAME         4.3 STREET ADDRESS       4.4 CITY-ST-ZIP         5.1 TITLE       5.2 NAME         5.3 STREET ADDRESS       3.5 STREET ADDRESS	equired when reinstating)	FL         or the purpose of changing accept the appointment as         QATE         O OFFICERS AND DIREC         Chang         Chang         Chang         Chang         Chang         Chang         Chang         Chang	its registered registered IQ TORS IN 12 e DLAddition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligation of the state cagent. I am familiar with, and accept the obligation of the state cagent. I am familiar with, and accept the obligation of the state cagent. I am familiar with, and accept the obligation. Typed or printed name of registered agent         SIGNATURE S       Signature. Typed or printed name of registered agent         SIGNATURE S       OFFICERS AND         TILE       D         AME       MACALUSO, JAMES         TREET ADDRESS       510 SHADY PINE WAY D1         TILE       D         AME       MACALUSO, JAMES         TREET ADDRESS       510 SHADY PINE WAY D1         WEST PALM BEACH FL 33415       WEST PALM BEACH FL 33415         TILE       AAME         TREET ADDRESS       510 Shady Pine Way         TILE       WEST PALM BEACH, FL         AME       TREET ADDRESS         TITY-ST-ZIP       TILE         TILE       AME         TITE       TILE         AME       TREET ADDRESS         TITY-ST-ZIP       TILE         TILE       TILE         AME       TITE         TITE       TITE         TITE       TITE         TITE       <	Control Contro	ange was author 07.0505, Florida (NOTE: Rec DELETE DELETE DELETE	84       City         the above-named         orized by the corp         Statutes.         istered Agent signature         13.         1.1 TITLE         1.2 NAME         1.3 STREET ADDRESS         1.4 CITY-ST-ZIP         2.1 TITLE         2.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         3.1 TITLE         3.2 NAME         3.3 STREET ADDRESS         3.4 CITY-ST-ZIP         4.1 TITLE         4.2 NAME         4.3 STREET ADDRESS         4.4 CITY-ST-ZIP         5.1 TITLE         5.2 NAME	equired when reinstating)	FL         or the purpose of changing accept the appointment as         QATE         O OFFICERS AND DIREC         Chang         Chang         Chang         Chang         Chang         Chang         Chang         Chang	its registered registered TORS IN 12 e DLAddition e Addition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familier with, and accept the obligation of the obligating the obligation of	Control Contro	ange was author 07.0505, Florida (NOTE: Rec DELETE DELETE DELETE DELETE	84       City         the above-named       orized by the corp         statutes.       statutes.         istered Agent signature       1.1         1.1       TILE         1.2       NAME         1.3       STREET ADDRESS         1.4       CITY-ST-ZIP         2.1       TILE         2.2       NAME         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         3.1       TILE         3.2       NAME         3.3       STREET ADDRESS         3.4       CITY-ST-ZIP         4.1       TITLE         4.2       NAME         4.3       STREET ADDRESS         4.4       CITY-ST-ZIP         5.1       TITLE         5.2       NAME         5.3       STREET ADDRESS         5.4       CITY-ST-ZIP         5.1       TITLE         5.2       NAME         5.3       STREET ADDRESS         5.4       CITY-ST-ZIP         6.1       TITLE         6.2       NAME	equired when reinstating)	FL         or the purpose of changing accept the appointment as         OATE         OATE         OATE         OATE         Chang	its registered registered TORS IN 12 e DLAddition e Addition e Addition
WEST PALM BEACH FL 33415          1. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State cagent. I am familiar with, and accept the obligation of the obligating the obligation of	ions of, Section 6 ions of, Section 6 i and the if applicable D DIRECTORS	ange was author 07.0505, Florida (NOTE: Rec DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	84       City         the above-named orized by the corp         Statutes.         sistered Agent signature         1.1         1.2         1.3         1.4         1.2         1.3         1.4         1.3         1.4         1.3         1.4         1.3         1.4         2.1         2.1         2.1         2.1         2.1         2.1         2.1         2.1         2.1         2.1         2.1         2.1         3.3         STREET ADDRESS         3.4         2.1         3.3         3.4         CITY-ST-ZIP         4.1         3.3         3.4         CITY-ST-ZIP         5.1         5.1         5.2         1.1         5.2         1.1         5.3         3.3         3.4         CITY-ST-ZIP         5.1	equired when reinstating) ADDITIONS/CHANGES T VP/Directo: President/Director	FL         or the purpose of changing accept the appointment as         OATE         OATE         OATE         OATE         Chang         Chang	its registered registered IQ TORS IN 12 e DLAddition e Addition e Addition ge Addition

ï = :: = :h = :ii **—**44