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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000089928

1. Corporation Name

BROWARD AUTO CARE CENTER, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90186 048 ***150.00

Principal Place	e of Business	Mailing Address				
10301 NORTHWEST 50TH STREET BAY 108 10301 NORTHWEST 50TH S SUNRISE FL 33351 SUNRISE FL 33351			REET BAY 108			
SOMMOL IE SO	~31	oditings ve door		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed 10/21/1998		
2 Principal Pl	lace of Business	2a. Mailing Address IA	JOME !	WEEL Numbers 201	Applied Fo	or
21	2100	26 1030 11	ルンひらられ	165087.301	Not Applica	able
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	1/	(2)	\$8.75 Additiona	al
22	1	27 /	<i>)</i>	5. Certificate of Status Desired	Fee Required	
City & State	e (City & State	TIC 0-	6. Election Campaign Financing	\$5.00 May Be	,
23		28	(1)~	Trust Fund Contribution	Added to Fees	
Zip	Country	Zp ()	Country 11h 16	8. This corporation owes the current year		
24	25	29 5555 (36		Personal Property Tax.	Yes No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name	Trave. Tim		
	EL, SPENCER		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	1100	
	NORTHEAST 3RD AVENUE		1030	1 N.W. 50 +5 R	MY # 108	
4€OB	T LAUDERDALE FL 33304		83			į
			216		. Zin Code	_
_	\bigcirc		84 Styre	56 F	L "335	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named corp norized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its register pointment as registered	ea
agent. Ha	m familier with ood accept the obliga	ions of, Section 607.0505, Florid	a Statutes.		inauu	
		NG.		<u> </u>	1//1 - / - /	
SIGNATURE	Cury/XIVX	はとう			10-11.	_
SIGNATURE	Signature up or or printe scalable of projectered agen	at and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating) DATE	10-11-	-
SIGNATURE	Signatura port pontional designation of pontio	M and title if applicable. (NOTE: Ri	egistered Agent signature require		AND DIRECTORS IN 1	12
SIGNATURE 12. TITLE	Signal Composition of provided the Confession of Signal Confession of Provided the Confession of Signal Confession	at and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE	10-11-	12
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SIGNATURE 12. TITLE	OFFICERS AN PETRONE, JIM 10301 NORTHWEST 50TH STR	of and title if applicable. (NOTE: Re	egistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating) DATE	AND DIRECTORS IN 1	12
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14. I hereby certify that the information susplied 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 suspliamental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpor Block 12 or Block 13 h change address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP