

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1998 8:00am
Secretary of State

DOCUMENT # **S00667** (3)

1. Corporation Name

ATLANTIS AUTO CARE CENTERS, INC.



Principal Place of Business

**4950 S. MILITARY TRAIL
LAKE WORTH FL 33463**

Mailing Address

**35 MILLER ROAD
LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1990

4. FEI Number

65-0218846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 4950 S. MILITARY TRAIL

Suite, Apt. #, etc.

22

City & State

23 LAKE WORTH FL.

Zip

24 33461

Country

25

2a. Mailing Address

26 35 MILLER ROAD

Suite, Apt. #, etc.

27

City & State

28 LAKE WORTH FL.

Zip

29 33461

Country

30

9. Name and Address of Current Registered Agent

**VIZOSO, ANTONIO O
35 MILLER RD
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **ANTONIO O VIZOSO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Antonio Vizoso

4/6/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VIZOSO, ANTONIO**
STREET ADDRESS **35 MILLER RD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ DELETE
NAME **VIZOSO, LUISA**
STREET ADDRESS **35 MILLER RD**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **P** ☐ DELETE
NAME **VIZOSO, ALEJANDRA**
STREET ADDRESS **177 ANGEL DR**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 changed, or on an attachment with an address.

SIGNATURE

Antonio Vizoso

Antonio Vizoso

FL-9619102

CR2E034 (5/98)