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FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S59179 (9)

1. Corporation Name

OIL CARE CENTER OF DELRAY, INC.

Principal Place of Business

Mailing Address

1801 W. ATLANTIC AVE.
DELRAY BEACH FL 33444

1801 W. ATLANTIC AVE.
DELRAY BEACH FL 33444-1564

2. Principal Place of Business

2a. Mailing Address

21

26

Suite Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FORT LAUDERDALE FL 33311

3. Date Incorporated or Qualified

06/12/1991

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0286329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

5. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
DPS
BALDWIN, DAN
STREET ADDRESS
1801 W. ATLANTIC AVE
CITY-ST-ZIP
DELRAY 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. ☐ Change ☐ Addition
1.2. ☐ Change ☐ Addition
1.3. ☐ Change ☐ Addition
1.4. ☐ Change ☐ Addition

2.1. ☐ Change ☐ Addition
2.2. ☐ Change ☐ Addition
2.3. ☐ Change ☐ Addition
2.4. ☐ Change ☐ Addition

3.1. ☐ Change ☐ Addition
3.2. ☐ Change ☐ Addition
3.3. ☐ Change ☐ Addition
3.4. ☐ Change ☐ Addition

4.1. ☐ Change ☐ Addition
4.2. ☐ Change ☐ Addition
4.3. ☐ Change ☐ Addition
4.4. ☐ Change ☐ Addition

5.1. ☐ Change ☐ Addition
5.2. ☐ Change ☐ Addition
5.3. ☐ Change ☐ Addition
5.4. ☐ Change ☐ Addition

6.1. ☐ Change ☐ Addition
6.2. ☐ Change ☐ Addition
6.3. ☐ Change ☐ Addition
6.4. ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan Baldwin, President

Date

Daytime Phone #

1/17/97 561-274-4284

CR2E034 (9/96)