FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

AN	INUAL REPORT 1996	Sec	retary of Stat OF CORPOR	te	ıs			
1. Corpora	UMENT # S794 cars clinic, inc.	69 (0)		W - 18	7.864			
12828 HE	12828 HENDERSON RD 12828 TAMPA FL 33625 TAME		ailing Acidress 2828 HENDERSON RD AMPA FL 33625 IS					
A D						3. Date Incorporated or Qualified 09/11/1991	3a. Date of Las 05/10/1	
2. Principal 21	Place of Business	2a. Mailing Address				4. FEI Number 59-3080622	00/10/1	Applied For
Suite, Ap	ot. #, elc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			Certificate of Status Desired	√ \$8.	Not Applicable 75 Additional
City & St	tale	Crty & State				Election Campaign Financing	∠N F∈	e Required
23 Zip	Gountry	28 Zip				Trust Fund Contribution	L.J Adv	.00 May Be ded to Fees
24	25	29	Cour 30	itry		8. This corporation has liability for Florida Statutes Yes	intangible tax under	s 199.032,
	9. Name and Address of Curr	ent Registered Agent		81 N		10. Name and Address of New R		
MACM	ILLAN, YVETTE ACOSTA		Ĺ		ame			
300 S HYDE PARK AVE				82 Street Ac		ss (P.O. Box Number is Not Acceptab	le)	
IAMPA	FL 33601		₹	33				
			Ē	4 Ci	ly		85	Zip Code
11. Pursuant	it to the provisions of Sections 607,050 ered agent, or both, in the State of Flo with, and accept the obligations of Sec	02 and 607.1508, Florida Statut	es, the above	-name	ed corporat	ion submite this etatement for the a		
familiar v	ered agent, or both, in the State of Flo with, and accept the obligations of, Sec	rida. Such change was authori : ction 607.0505, Florida Statut es	e d by the co	rporati	on's board	of directors. I hereby accept the appo	oose of changing Its sintment as registers	registered office d agent. I am
SIGNATURE	Signature, typed or printed name, of registered age							
12.	OFFICERS AF	VD DIRECTORS	TE: Registered Aç	ent signa	iture recipired w		DA1£	
fitle Name	PD BARBOSA, ESMERALDO JR	DELETE	1 1 1)7()	E		ADDITIONS/CHANGES TO OFFICE	JERS AND DIRECT Change	
rpsivil Street address	1 amas m		1.2 NAM					[
CITY-ST-ZIP	TAMPA FL		1.3 STRE		ESS			
TITLE	DV	DELETE	1.4 CITY- 2. 1 Tritte					i
NAME	BARBOSA, ESMERALDO SR		2.2 NAME		- 1		fred Al	
STREET ADDRESS	6424 MOSS WAY		E Z INMINIE				Change	☐ Addition
	I TAMPA F!		2 3 STREE		ss		Change	Addition
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certify that the information indicated on this annual report or supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I further 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

SIGNATURE: SMULLING SIGNATURE AND TYPED OR PR Esmoraldo BAZBASA JR. 4-29-96