

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).

0106459

PROFIT CORPORATE REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S84256** (4)

1. Corporation Name
THE CAR CLINIC, INC.



FILED

98 NOV 19 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1654 WALTON ROAD
A
PORT ST LUCIE FL 34952
US**

Mailing Address
**1601 VILLAGE GREEN DRIVE
PORT ST LUCIE FL 34952
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1991	
21		26	1654 A Walton Road	4. FEI Number 65-0293652	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	Port St. Lucie, FL		
Zip	Country	Zip	Country		
24		29	34952	30	USA

9. Name and Address of Current Registered Agent

**LEWIS, GORMAN L JR
502 SE STARFLOWER AVE
PORT ST LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name
Lewis, Paula A.
82 Street Address (P.O. Box Number is Not Acceptable)
502 SE Starflower Ave.
83
84 City
Port St. Lucie **FL** 85 Zip Code
34983

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 *Paula A. Lewis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAULA A	1.2 NAME	
STREET ADDRESS	502 SE STARFLOWER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAULA A	2.2 NAME	
STREET ADDRESS	502 SE STARFLOWER AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHANTILLY VA	2.4 CITY-ST-ZIP	
TITLE	CEO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAULA A	3.2 NAME	
STREET ADDRESS	502 SE STARFLOWER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Paula A. Lewis* **SIGNATURE REQUIRED** **PAULA A. LEWIS** **9/29/98** **(561)** **337-2959**

CR2E034 (5/98)