

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V23711** (7)
1. Corporation Name
CRETE AUTO CARE, INC

Principal Place of Business
**105 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL**

Mailing Address
**105 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 8269 NW 40th Ct. 27 Suite, Apt. #, etc. 28 Coral Springs, FL 33065 29 Zip Country 30		3. Date Incorporated or Qualified 03/24/1992	
		4. FEI Number 65-0339425		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		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			

9. Name and Address of Current Registered Agent PLEETER, LOUIS J. ESQUIRE 4801 SOUTH UNIVERSIT DRIVE SUITE 306 FORT LAUDERDALE FL 33328				10. Name and Address of New Registered Agent 81 Name ELEUTHERE KARACHALIOS 82 Street Address (P.O. Box Number is Not Acceptable) 8269 NW 40th Court 83 Coral Springs, FL 33065 84 City Coral Springs, FL 85 Zip Code 33065			
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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 *Eleuthere Karachalios* 2/12/98
Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	KARACHALIOS, LARRY ELEUTHER	<input type="checkbox"/> DELETE	1.1 TITLE	PID	Eleuthere KARACHALIOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		105 N. FEDERAL HWY		1.2 NAME		8269 NW 40 Court	
STREET ADDRESS		FT. LAUDERDALE FL		1.3 STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	V	KARACHLIOS, DIMITRA	<input type="checkbox"/> DELETE	2.1 TITLE	VSD	Dimitra KARACHALIOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		105 N. FEDERAL HWY		2.2 NAME		8269 NW 40 Court	
STREET ADDRESS		FT. LAUDERDALE FL 33301		2.3 STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				3.2 NAME			
CITY-ST-ZIP				3.3 STREET ADDRESS			
TITLE			<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				4.1 TITLE			
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE			<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME				5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				5.2 NAME			
CITY-ST-ZIP				5.3 STREET ADDRESS			
TITLE			<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME				6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
TITLE			<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP			
NAME							
STREET ADDRESS							
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 *Eleuthere Karachalios* 2/12/98 954/244 1376

CR2E034 (10/97)