


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

FILED

Jan 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V35672** (7)

1. Corporation Name  
**GERMAN CAR CLINIC, INC.**

Principal Place of Business  
**8529 ALTON AVE  
JACKSONVILLE FL 32211**

Mailing Address  
**8529 ALTON AVE  
JACKSONVILLE FL 32211-7880**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/11/1992</b>		3a. Date of Last Report <b>03/05/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>69-3123666</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>TOLCZ, JANUSZ 949 FONTANA CT JACKSONVILLE FL 32225</b>				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>4201 HARBOUR ISLAND DR.</b>			
				83. City			
				84. State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
X TITLE <b>PST</b> <input checked="" type="checkbox"/> DELETE				X 1. TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TOLCZ, JANUSZ</b>				2. NAME			
STREET ADDRESS <b>949 FONTANA CT</b>				3. STREET ADDRESS <b>4201 HARBOUR ISLAND DR.</b>			
CITY-ST-ZIP <b>JACKSONVILLE FL</b>				4. CITY-ST-ZIP			
TITLE <b>D</b> <input type="checkbox"/> DELETE				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME <b>TOLCZ, JANUSZ</b>				2.2 NAME			
STREET ADDRESS <b>949 FONTANA CT</b>				2.3 STREET ADDRESS <b>4201 HARBOUR ISLAND DR.</b>			
CITY-ST-ZIP <b>JACKSONVILLE FL</b>				2.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE <b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME <b>TOLCZ, BEATA</b>				3.2 NAME			
STREET ADDRESS <b>4201 HARBOUR ISLAND DR.</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>				3.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 or in an attachment with an address

SIGNATURE:  **JANUSZ TOLCZ** 01-10-97 904-721-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0034486

CR2E034 (9/96)