

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

FILED  
Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # V39795 (2)  
1. Corporation Name  
D. P. PREVENTIVE MAINTENANCE AND AUTO CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1505 CYPRESS DRIVE JUPITER FL 33469		Mailing Address 1505 CYPRESS DRIVE JUPITER FL 33469	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
3. Date Incorporated or Qualified 05/27/1992		4. FEI Number 65-0334921	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PILLA, DOUGLAS 1505 CYPRESS DRIVE JUPITER FL 33469		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D			1.2 NAME			
NAME	PILLA, DOUGLAS			1.3 STREET ADDRESS			
STREET ADDRESS	1505 CYPRESS DRIVE			1.4 CITY - ST - ZIP			
CITY - ST - ZIP	JUPITER FL			2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D			2.2 NAME			
NAME	PILLA, DENNIS			2.3 STREET ADDRESS			
STREET ADDRESS	1505 CYPRESS DRIVE			2.4 CITY - ST - ZIP			
CITY - ST - ZIP	JUPITER FL			3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				3.2 NAME			
NAME				3.3 STREET ADDRESS			
STREET ADDRESS				3.4 CITY - ST - ZIP			
CITY - ST - ZIP				4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				4.2 NAME			
NAME				4.3 STREET ADDRESS			
STREET ADDRESS				4.4 CITY - ST - ZIP			
CITY - ST - ZIP				5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				5.2 NAME			
NAME				5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY - ST - ZIP			
CITY - ST - ZIP				6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE				6.2 NAME			
NAME				6.3 STREET ADDRESS			
STREET ADDRESS				6.4 CITY - ST - ZIP			
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.

CR2E034 (10/97)