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

**PROFIT** CORPORATION ANNUAL REPORT



FLQRIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPURATIONS

1996

V50872

(3)

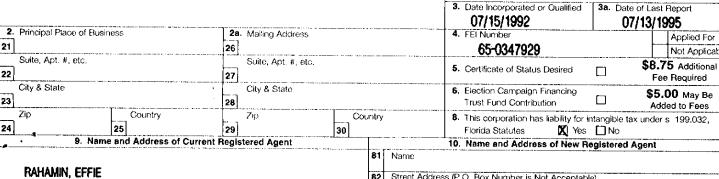
DOCUMENT #
1. Corporation Name

U-SAVE AUTO CARE, INC.

Principal Place of Business
4525 W ATLANTIC AVE DELRAY BEACH FL 33445

Mailing Address

4525 W ATLANTIC AVE DELRAY BEACH FL 33445



RAHAMIN, EFFIE
4525 W ATLANTIC AVE
DELRAY BEACH FL 33445

B1	Name		
B2	Street Address (P.O. Box Number is Not Acceptable)		
63		• • • • • • • • • • • • • • • • • • • •	

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named convoration submits this statement for the purpose of changing its registered office

ith, and accept the obligations of, Section 607.0505, Florida Statul	tes.	reby accept the appointment as registered agent. I am
	(NOTE: Registered Agent signature required when reinstating)	DATE
	in, and accept the obligations of, Section 607,0505, Florida Statu	The state of the obligations of, Section 607.0505, Florida Statutes.  Signature, by not or printed name of registered exportance are depressed.  (NOTE: Registered Agent signature required when reinstating)

TENTINGE WILL	in, and accept the obligations of, section of	67.0505, Florida Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent and to	out grant cable (MCSI)	E: Registered Agent signature require		
12.	OFFICERS AND DIE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13.	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1. 1 TITLE	☐ Change ☐ Addition	
NAME	RAHAMIM, EFFIE		1.2 NAME		
STREET ADDRESS	4525 W ATLANTIC AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL				
TITLE	DELIVIT BENOTTE	DELETE	1.4 C(TY - ST - Z(F)		
NAME				Change Addition	ì
			2.2 NAME		
STREET ADDRESS			2 3 STREFT ADDRESS		
CITY-ST-ZIP TITLE		F1.55.55.	2.4 CITY - ST - ZIP		
		DELETE	3 1 TITLE	Change	)
NAME .	<b>\$</b>		3.2 NAME		
STREET ADDRESS			3.3 STHEET ADDRESS		
CHY-ST-ZIP			3 4 CHY - ST - ZIP		
TITLE		DELETE	4 1 TITLE	Change Addition	1
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
ÇITY-ST-ZIP			4.4 City-St. ZiP		
TITLE		DELETE	5 1 TITLE	300001855263 -06/07/960102203f <sup>harge</sup> □ Addition	3
NAME			5 2 NAME	***200.00	
STREET ADDRESS			5 3 STREET ADDRESS	*********	
CHTY-ST-ZIP			5.4 CITY - ST - ZIP		
THILE		☐ DELF1E	6 1 YIFLE	Change Addition	
NAME			6.2 NAME	Land 1 to a grant of the control of	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		$\sim$ 1	6.4 CITY-ST-2IP	05-01-96 OV	

I do hereby certify that the information supplied with this filing is yountarily ished and does not qualify for the exemption staind in Section 119.07(3)(k), Florida Statutes. I further ual report is true and accurate and that my signature shall have the same logal effect as if made under c empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name certify that the information indicated in the oath; that I am an officer or directiful appears in Block 12 or Block 13 it can inual report or

SIGNATURE:

CR2E034 (12/95)

Applied For

Fee Required

Added to Fees

Not Applicable