

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3: 33

DOCUMENT # 417696 (2)

1. Corporation Name
7 WEST AUTO CORP.

Principal Place of Business 927 S STATE ROAD 7 FL LAUDERDALE FL PLANTATION, FL. 33317	Mailing Address 927 S STATE ROAD 7 FL LAUDERDALE FL PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 927 S. State Rd 7 PLANTATION, FL. 33317	4. FEI Number 59-1454413	Applied For Not Applicable
3. Date Incorporated or Qualified 01/26/1973	3a. Date of Last Report 05/01/1994	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 Suite, Apt. #, etc.	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	29 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

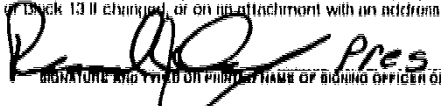
9. Name and Address of Current Registered Agent DESORCY, RICHARD 1711 SW 67 TERRACE PLANATATION FL		10. Name and Address of New Registered Agent		
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	
83				
84	City	85	Zip Code	

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 agent 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 signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESORCY, RICHARD	12 NAME	
STREET ADDRESS	1711 SW 67 TERRACE	13 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	14 CITY - ST - ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESORCY, ADDIE	22 NAME	
STREET ADDRESS	1711 SW 67 TERRACE	23 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESORCY, RICHARD	32 NAME	
STREET ADDRESS	1711 SW 67 TERRACE	33 STREET ADDRESS	
CITY - ST - ZIP	PLANTATION FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 or fiduciary 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:  Pres **4/11/95** **305.791.6880**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR