

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PH 2:23

DOCUMENT # **F36549 (6)**

1. Corporation Name
AL'S TROPICAL CARS & TRUCKS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **% ALAN JAY KAMINS, 3650 N. 36TH AVENUE #73, HOLLYWOOD FL 33021**
Mailing Address: **% ALAN JAY KAMINS, 3650 N. 36TH AVENUE #73, HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **05/28/1981**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business: **9937 NW 27 Ave**
2a. Mailing Address: **6440 Hrusa Tern**

4. FEI Number: **59-2099686**
Applied For:
Not Applicable:

21. Suite, Apt. #, etc.: **33147**
26. Suite, Apt. #, etc.: **DADE**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State: **MIAMI, FL**
27. City & State: **Dawie, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip: **33147**
25. County: **DADE**
29. Zip: **33331**
30. County: **Broward**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**KAMINS, ALAN JAY
3650 N. 36 AVE.
#73
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS	
12.1 NAME	D KAMINS, HANNELORE
12.2 STREET ADDRESS	3650 N. 36TH AVE. #73
12.3 CITY, ST, ZIP	HOLLYWOOD FL
12.4 TITLE	DP
12.5 NAME	KAMINS, ALAN JAY
12.6 STREET ADDRESS	3650 N. 36TH AVE. #73
12.7 CITY, ST, ZIP	HOLLYWOOD FL
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY, ST, ZIP	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 TITLE	
12.17 NAME	
12.18 STREET ADDRESS	
12.19 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information is correct on this annual report or supplemental annual report as 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 this corporation or the receiver or trustee empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or 13a of this report or as an addendum with an address.

SIGNATURE: **A.J. Kamins**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-995 305
691-0085