

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F36550** (4)

1. Corporation Name:  
**BEST CARS & TRUCKS, INC.**



Principal Place of Business

% ALAN JAY KAMINS  
3650 N. 36TH AVE. #73  
HOLLYWOOD FL 33021

Mailing Address

6440 HURON TERR.  
DAVIE FL 33331  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

g. Name and Address of Current Registered Agent

KAMINS, ALAN JAY  
3650 N 36 AVE  
#73  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified  
**05/28/1981**

3a. Date of Last Report  
**01/18/1995**

4. FID Number  
**59-2099686**

Applied For  
Not Applicable

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

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

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

10. Name and Address of New Registered Agent

81 Name **ALAN JAY KAMINS**  
82 Street Address (P.O. Box Number is Not Acceptable) **6440 HURON TERR**  
83 City **DAVIE** FL 85 Zip Code **33331**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0509, Florida Statutes.

SIGNATURE

*Alan Jay Kamins*  
Signature of Alan Jay Kamins - ALAN JAY KAMINS - 4-4-96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D KAMINS, HANNELORE</b>
STREET ADDRESS	<b>3650 N. 36TH AVE. #73</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD KAMINS, ALAN JAY</b>
STREET ADDRESS	<b>3650 N. 36TH AVE. #73</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY-ST-ZIP	

14. I do hereby certify that the information supplied herein is true and correct, and that I am an officer or director of the corporation of the record. I understand that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation of the record, and that my name appears in Block 12 or Block 13, as changed, or on an attached document.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alan Jay Kamins*  
Signature of Alan Jay Kamins

4-4-96

3-3  
451-0885

CR2E034 (12/95)