

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 6/30: \$225 (IF DISSOLVED, UNPAID AMOUNT DUE TO STATE: \$075)**

PROFIT 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 JUN 30 AM 9:25

DOCUMENT # J90696 (2)

1. Corporation Name
OIL CAN HENRY'S OF FLORIDA, INC.

Principal Place of Business: **2800 N. MILITARY TRAIL, 4TH FLOOR, BOCA RATON FL 33431-4312**
Mailing Address: **2800 N. MILITARY TRAIL, 4TH FLOOR, BOCA RATON FL 33431-4312**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/03/1987	3a. Date of Last Report 03/04/1994
4. FEI Number 38-2757916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Sute, Apt #, etc.	26. Sute, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAUMEL, SUSAN K. 2800 N. MILITARY TRAIL 4TH FLOOR BOCA RATON FL 33431		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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: _____
(Signature typed or printed name of registered agent and the filer applicable) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSMANO, PAUL	1.2 NAME	
STREET ADDRESS	3001 WEBBDAVERRD #630	1.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAENZLE, FREDRICH	2.2 NAME	
STREET ADDRESS	802 CHARLESINA	2.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER MI	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOERNER, ARTHUR	3.2 NAME	
STREET ADDRESS	1408 HIGHPOINT CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCHESTER MI	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSANA, FRANK J	4.2 NAME	
STREET ADDRESS	1500 SURRIA CT.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD HILLS MI	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, THEODORE W.	5.2 NAME	
STREET ADDRESS	100 BELLEVIEW	5.3 STREET ADDRESS	
CITY - ST - ZIP	MT. CLEMENS MI	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: Paul W. Cusmano **6-30-95 810-649-1166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date/Time/Phone #)

CR2E034 (3/95)