

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # J90696

1. Corporation Name

OIL CAN HENRY'S OF FLORIDA, INC.

Principal Place of Business

2600 N. MILITARY TRAIL  
4TH FLOOR  
BOCA RATON FL 33431-6312

Mailing Address

2600 N. MILITARY TRAIL  
4TH FLOOR  
BOCA RATON FL 33431-6312

2. Principal Place of Business

21 750 SOUTH DIXIE HWY.  
Suite, Apt. #, etc.

2a. Mailing Address

26 3001 W. BIG BEAVER RD.  
Suite, Apt. #, etc.

22 City & State

23 BOCA RATON FL

27 SUITE 630  
City & State

28 TROY MI

24 Zip 33432 25 Country U.S.A.

29 Zip 48084 30 Country U.S.A.

9. Name and Address of Current Registered Agent

BAUMEL, SUSAN K.  
2600 N. MILITARY TRAIL  
4TH FLOOR  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
9-3-1987

3a. Date of Last Report  
6-30-1995

4. FEI Number

38-2757916

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 BAUMEL, SUSAN K.  
82 Street Address (P.O. Box Number is Not Acceptable) 750 SOUTH DIXIE HWY.  
83  
84 City BOCA RATON FL 85 Zip Code 33432

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

Signature of the person making the registration change

Date of Registration Change

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	CUSMANO, PAUL W.	
STREET ADDRESS	3001 W. BIG BEAVER #630	
CITY-ST-ZIP	TROY MI 48084-3107	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	SCHAENZLE, FREIDRICH	
STREET ADDRESS	662 CHARLESINA DRIVE	
CITY-ST-ZIP	ROCHESTER MI 48306-2625	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	KOERNER, ARTHUR	
STREET ADDRESS	1468 HIGHPOINT CT.	
CITY-ST-ZIP	ROCHESTER MI 48306	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	MESSANA, FRANK J.	
STREET ADDRESS	1500 SURRIA COURT	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	PAIGE, THEODORE W.	
STREET ADDRESS	100 BELLEVIEW	
CITY-ST-ZIP	MT. CLEMENS MI 48043	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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\*\*\*225.00

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 119.07(3)(k), 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 person 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: *Paul W. Cusmano* 5-31-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*06/11/96*