

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

**APPROVED
AND
FILED**

1995 MAY - 1 PM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001492876
-05/18/95--01010--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000002522 (0)
1. Corporation Name
GILBERT'S MOBILE AUTO SERVICE, INC.

Principal Place of Business Mailing Address
20825 SW 103 COURT MIAMI FL 33189 **20825 SW 103 COURT MIAMI FL 33189**

3. Date Incorporated or Qualified **11/02/1992** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business Mailing Address
21 **14832 SW 170 Terr** 26 **14832 SW 170 Terr**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **65-0362508** Applied For Not Applicable

22 City & State **Miami FL** 27 City & State **Miami FL**

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

23 Zip **33187** Country **USA** 28 Zip **33187** Country **USA**

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

9. Name and Address of Current Registered Agent
**WILLIAM FALLER & ASSOCIATES INC
6878 W ATLANTIC BLVD
MARGATE FL 33063**

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

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 _____ (Type name, last name or printed name of registered agent and title of agent) (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARTY, GILBERT L
STREET ADDRESS	20825 SW 103 COURT
CITY ST ZIP	MIAMI FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or not an attachment with an address.

SIGNATURE: *Gilbert L. Carty* 4/30/95 305 575-5214
SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR