

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000083777 (9)**

1. Corporation Name  
**THE DISCOUNT STOP TRUCK & AUTO REPAIR COMPANY, I NC.**



Principal Place of Business: **2600 SOUTH PARK ROAD - PEMBROKE PARK FL 33009**  
Mailing Address: **2600 SOUTH PARK ROAD PEMBROKE PARK FL 33009**

3. Date Incorporated or Qualified: **10/30/1995**  
3a. Date of Last Report: **n/a**  
4. FEI Number: **65-0624056**  
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

2. Principal Place of Business  
21 **2700 South Park Road**  
22 Suite, Apt. #, etc.  
23 **Pembroke Pk, FL**  
24 **33009** 25 **USA**  
26 **2700 South Park Road**  
27 Suite, Apt. #, etc.  
28 **Pembroke Pk FL**  
29 **33009** 30 **USA**

9. Name and Address of Current Registered Agent  
**OHANA, EIRON  
4100 INVERRARY BOULEVARD  
#39A  
LAUDERHILL FL 33309**

10. Name and Address of New Registered Agent  
81 Name: **Ohana, Eiran**  
82 Street Address (P.O. Box Number is Not Acceptable): **4100 Inverrary Blvd.**  
83 **Apt. 30A**  
84 City: **Lauderhill, FL** 85 Zip Code: **33319**

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: *Eiran Ohana* **Eiran Ohana** **4-15-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>D OHANA, EIRON</b>	1.2 NAME	<b>OHANA, EIRAN</b>
STREET ADDRESS	<b>4100 INVERRARY BLVD., #39A</b>	1.3 STREET ADDRESS	<b>4100 Inverrary Blvd., #30A</b>
CITY-ST-ZIP	<b>LAUDERHILL FL 33309</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 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: *Eiran Ohana* **Eiran Ohana** **4/11/96** **(954) 961-0609**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)