

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V38184** (0)

1. Corporation Name  
**D AND D AUTO CENTER INC.**



Principal Place of Business  
**2120 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306**

Main Office Address  
**2120 E. OAKLAND PARK BLVD.  
FT. LAUDERDALE FL 33306**

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

3. Date Incorporated or Qualified <b>05/21/1992</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEIN Number <b>65-0335873</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZIVAN, JACOB**  
**2120 E. OAKLAND PARK BLVD.**  
**FT. LAUDERDALE FL 33306**

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 632.02(2) and 632.10(2), 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 approved by the Corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 632.10(2), Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIVAN, JACOB	
STREET ADDRESS	2120 E. OAKLAND PARK BLV	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZIVAN, BRURYA	
STREET ADDRESS	2120 E. OAKLAND PARK BLV	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	

I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(9), Florida Statutes. I further certify that the information filed on this annual report is applicable, correct, and true and to the best of my knowledge and belief shall have the same legal effect as if made under oath by an officer or director of the corporation or by a person or persons empowered to execute this report as required by Chapter 602, Florida Statutes, and that my name bears in Block 12 or Block 13 if changed, or remains the same with Block 12.

SIGNATURE: *[Signature]* 1-17-96 954-566-9010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)