

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726483 (1)
1. Corporation Name
AUTOMOTIVE SERVICE ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 217 P.O. BOX 217
INDIAN ROCKS BCH. FL 34635-0217 INDIAN ROCKS BCH. FL 34635-0217

3. Date Incorporated or Qualified 05/23/1973 3a. Date of Last Report 04/27/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7408710	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

TOOMEY, DONALD L
13681 CROFT DR. SOUTH
LARGO FL 34844

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 '97	
TITLE	D	1.1 TITLE	D
NAME	TRIANA, ORESTES JR.	1.2 NAME	Ray Carr
STREET ADDRESS	2221 S.W. 32ND AVE.	1.3 STREET ADDRESS	2205 S.W. 13th Street
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	Gainesville, FL 32698
TITLE	D	2.1 TITLE	D
NAME	ZWALINA, DAVE	2.2 NAME	Debi Conde
STREET ADDRESS	785 SOUTH HIGHWAY 17-92	2.3 STREET ADDRESS	141 West Windhorst
CITY-ST-ZIP	LONGWOOD FL 32750	2.4 CITY-ST-ZIP	Brandon, FL 33510
TITLE	D	3.1 TITLE	
NAME	KEYES, GARY	3.2 NAME	
STREET ADDRESS	4551 S.W. 71ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)