

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G96616** (9)
1. Corporation Name
M & T AUTOMOTIVE, INC.

Principal Place of Business: **% ARTHUR E. JOHNSON
1302 NW 7TH COURT
BOYNTON BEACH FL 33426-2928**
Mailing Address: **% ARTHUR E. JOHNSON
1302 NW 7TH COURT
BOYNTON BEACH FL 33426-2928**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated for Florida	3a. Date of Last Report
04/18/1984	08/25/1994
4. FEI Number	Applied For
59-2460429	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.042, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**JOHNSON, ARTHUR E.
1302 NW 7TH COURT
BOYNTON BEACH FL 33435**

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. I, the undersigned, the president of the corporation, certify and declare under Florida Statutes, that the above-named corporation submits this statement for the purpose of changing its registered office to the registered agent, as part of the filing of this Annual Report, as expressly authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility as prescribed by Florida Statutes.

Signature: _____ Date: _____

12. OFFICERS AND DIRECTORS

NAME	PD JOHNSON, ARTHUR E. 1302 NW 7TH COURT BOYNTON BEACH FL
ADDRESS	
CITY	
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	
OFFICE ADDRESS	
CITY	
STATE	
ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. NAME	
4. NAME	
5. NAME	
6. NAME	
7. NAME	
8. NAME	
9. NAME	
10. NAME	
11. NAME	
12. NAME	
13. NAME	
14. NAME	
15. NAME	
16. NAME	
17. NAME	
18. NAME	
19. NAME	
20. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Rule 13.100(5)(b), Florida Statutes. I further certify that the information indicated in this filing is not a copy of the previously filed annual report or has not been amended and that my signature shall have the same legal effect as if made under oath. But the use of the word "certify" does not mean that the information after incorporation is true and correct as required by Florida Statutes, and therefore, cannot appear on block 13. I am familiar with and accept the responsibility as prescribed by Florida Statutes.

SIGNATURE: _____
SIGNATURE AND PRINTED OR IMPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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