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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATION

	1996	7.5	OF CORPORATIONS		
DOCU 1. Corporation	MENT # H214	45 (2)			
CAR (	COMPANY OF WEST PALI	M BEACH, INC.			
Principal Plac	e of Business	Mailing Address		. I IN DIANT BIRK HIR HIR HIR HIR MINTER BIRK	on dinn didin dedet dedin didin 2,021 didet (00)
1550 S. MILITARY TRAIL W. PALM BEACH FL 33415		1550 S. MILITARY TRAIL W. PALM BEACH FL 33415			
				3. Date Incorporated or Qualified 09/18/1984	3a. Date of Last Report 02/17/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del></del>	59-2447176	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Bo
<b>23</b> Zip		28		Trust Fund Contribution	Added to Fees
24	Country [25]	Zip 29	Country	8. This corporation has liability for	intangible tax under s 199.032,
<u>   </u>	9. Name and Address of Curi		30	Florida Statutes X Yes  10. Name and Address of New F	No No
			81 Name	To. Traine and Modelas of How P	rogistered Adelit
POHNL,			82 Street Add	dress (P.O. Box Number is Not Acceptat	101
	MILITARY TRAIL				Jie)
W. PALI	M BEACH FL 33415		83		
			84 City		85 Zip Code
			1041 010		
11. Pursuant	to the provisions of Sections 607.05	502 and 607 1509 Elorida Status	1 1 1		
11. Pursuant or register	to the provisions of Sections 607.05 ed agent, or both, in the State of Fig.	502 and 607.1508, Florida Statu orida. Such change was authori.	tes, the above-named corpo	oration submits this statement for the pur pard of directors. I hereby accept the app	<u> </u>
familiar wi	to the provisions of Sections $607.05$ ed agent, or both, in the State of Fixth, and accept the obligations of, Se	602 and 607.1508, Florida Statu orida. Such change was authori oction 607.0505, Florida Statute	tes, the above-named corpo	oration submits this statement for the purard of directors. I hereby accept the app	<u> </u>
familiar wi	to the provisions of Sections 607.05 and agent, or both, in the State of Firth, and accept the obligations of, Section 1.	oction 607.0505, Florida Statute	tes, the above-named corporation's box	and of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
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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 1 further cath; 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 chapted, or on an attentionent with an address.

SIGNATURE: Mah

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

MARK POHNC 4-27-96 407-433-5520

F SIGNING OFFICER OR DIRECTOR DIR