

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H30104 (4)

1. Corporation Name

FIRST LAKE LAND MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**% AUTO CARE CENTERS OF AMERICA
943 CLINT MOORE ROAD
BOCA RATON FL 33487**

**% AUTO CARE CENTERS OF AMERICA
943 CLINT MOORE ROAD
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2463788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERSON, GERALD S.
% AUTO CARE CENTERS OF AMERICA
943 CLINT MOORE ROAD
BOCA RATON, FL FL 33487**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME AMODIO, LOUIS G.
STREET ADDRESS ONE HARTFORD SQ.
CITY- ST - ZIP NEW BRITAIN CT 06052

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST - ZIP

TITLE P
NAME MUARO, EDWARD R.
STREET ADDRESS 2660 STATE ST.
CITY- ST - ZIP HAMDEN CT 06514

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME MAURO, EDWARD R.
2.3 STREET ADDRESS
2.4 CITY- ST - ZIP

TITLE TV
NAME BERSON, GERALD
STREET ADDRESS 943 CLINT MOORE ROAD
CITY- ST - ZIP BOCA RATON FL 33487

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LOUIS G. AMODIO, VICE PRESIDENT/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4/28/95 (203) 223-2725
Date (Telephone)