

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Myrtor
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42033**
COPPOLA'S COMPLETE AUTO, INC.

(1)

1. Principal Office Address 430 N. RIDGEWOOD AVE. EDGEWATER FL 32132-1620	2. Mailing Address 430 N. RIDGEWOOD AVE. EDGEWATER FL 32132-1620
---	--

2. Filing Date of this Report 21	2a. Mailing Address 26	3. Date of Incorporation 02/11/1985	3a. Date of Last Report 05/10/1994
22. State of Incorporation 22	27. State of Report 27	4. FEI Number 59-2484278	Applied For Not Applicable
23. City & State 23	28. City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. 25	29. 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for contributions under the 1990 CFC Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COPPOLA, DOUGLAS A. 430 N. RIDGEWOOD AVENUE EDGEWATER FL 32032	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81. Name</td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83.</td></tr> <tr><td>84. City</td></tr> <tr><td>85. Zip Code</td></tr> </table>	81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
81. Name						
82. Street Address (P.O. Box Number is Not Acceptable)						
83.						
84. City						
85. Zip Code						

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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. Thereby, accept the appointment as registered agent.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD COPPOLA, DOUGLAS A. 430 N. RIDGEWOOD AVENUE EDGEWATER FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY	STD COPPOLA, PEGGA A. 430 N. RIDGEWOOD AVENUE EDGEWATER FL	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		9. STATE	
ZIP		10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	
STREET ADDRESS		12. STREET ADDRESS	
CITY		13. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		14. STATE	
ZIP		15. ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily prepared and sworn to by the corporation stated in Section 11 (1) (b) Florida Statutes, that the same is true and correct and that my corporate duties in the same respect are the same as those stated in the same Statutes, and that the name appears in Block 12 of this report is changed or an attachment with an address.

SIGNATURE: *[Signature]* **Doug Coppola** 5-3-95 904 4175260