

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H92468** (8)
1. Corporation Name
ROLAND'S AUTO SERVICE, INC.



Principal Place of Business
**1201 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937**

Mailing Address
**1201 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1985		3a. Date of Last Report 04/21/1995	
21		26		4. FEI Number 59-2599572		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent							

**DENAU, ROLAND W.
285 POINCIANA DRIVE
INDIAN HARBOUR BEACH FL 32937**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the agent or registered agent, or both, in the State of Florida. Such change was authorized by the board of directors, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	DENAU, ROLAND W.
STREET ADDRESS	285 POINCIANA DR
CITY-ST-ZIP	INDIAN HARBOUR BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily and accurately prepared; that I am an officer or director of the corporation or the person or persons who prepared this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an

SIGNATURE: _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING

ROLAND DENAU

10. Name and Address of New Registered Agent	
1. Name	
2. Street Address (P.O. Box Number is Not Acceptable)	
3. City	FL 85 Zip Code

I, the named corporation submits this statement for the purpose of changing its registered office location to the address above. I hereby accept the appointment as registered agent. I am

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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4/23/96 407 777-9050
Date Daytime Phone #

CR2E034 (12/95)