

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J02709 (0)

1. Corporation Name
UNIVERSITY AUTO, INC.

Principal Place of Business Mailing Address
4917 N. UNIVERSITY DR. LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/07/1986** 3a. Date of Last Report **05/11/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2693609	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent GUAST, JOSEPH SR 4917 N UNIVERSITY DR LAUDERHILL FL 33335		10. Name and Address of New Registered Agent	
		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 607.0502 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTI, JOSEPH P.	1.2 NAME	
STREET ADDRESS	8121 N.W. 71ST AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTI, JOSEPH P., JR.	2.2 NAME	
STREET ADDRESS	8121 N.W. 71ST AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUASTI, TONY	3.2 NAME	
STREET ADDRESS	8121 N.W. 71ST AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(3)(h), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: Pres. 7/28/95 (305) 741-3477
Signature typed or printed name of signing officer or director

CR2E034 (3/95)