

FILE NOW: FILING FEE AFTER MAY 1 IS 25.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J47339** (3)

1. Corporation Name
PERFECTION AUTO, INC.

Principal Place of Business
**DAVID STRUTHERS
4404 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

Mailing Address
**DAVID STRUTHERS
4404 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1986** 3a. Date of Last Report **04/15/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2777495

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STRUTHERS, DAVID
4404 GEORGIA AVENUE
WEST PALM BEACH FL 33405**

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 officer 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: Former Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STRUTHERS, DAVID**
STREET ADDRESS **2206 PALMETTO RD.**
CITY - ST - ZIP **W. PALM BEACH FL**

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY - ST - ZIP

Change Addition

TITLE **D**
NAME **STRUTHERS, BARBARA**
STREET ADDRESS **2206 PALMETTO RD.**
CITY - ST - ZIP **W. PALM BEACH FL**

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY - ST - ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

David M. Struthers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David M. Struthers

4/5/95

Date

407-833-5122

Daytime Phone #