

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

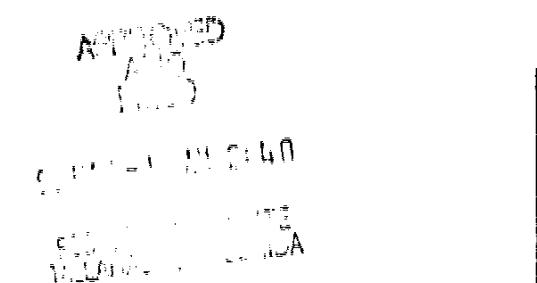
CORPORATION ANNUAL REPORT 1995	FLORIDA DEPARTMENT OF STATE Sandra B. Martin Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J93341 (2)

1. Corporation Name

LENNY'S EUROPEAN AUTO, INC.

Business Address	Mailing Address		
4312 NE 5TH TERRACE OAKLAND PARK FL 33334 US	4312 NE 5TH TERRACE OAKLAND PARK FL 33334 US		
2. Present Place of Business	2a. Mailing Address		
21	26		
Street, Apt. # etc			
22	27		
City & State			
23	28		
24	25	29	30
B. Name and Address of Current Registered Agent			
MARSH, GERALD L. 4312 N.E. 5TH TERRACE OAKLAND PARK FL			
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City FL Zip Code		
10. Name and Address of New Registered Agent			



(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

09/17/1987

3a. Date of Last Report

02/09/1994

4. FEI Number

65-0006960

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

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

7. The corporation has authority to transact business under § 199.022,
Florida Statutes Yes No

11. I, the undersigned, do hereby, in the presence of Notary Public, Sandra B. Martin and Sandra B. Martin, Florida Statutes, do hereby, as a corporation submit this document for the purpose of changing its registered office
and resuming business in the State of Florida. Such change was authorized by the corporation's Board of Directors. Thereby, I accept the appointment as registered agent, G.L. Marsh, and I accept the responsibilities of Section 607.006, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDING CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	PD	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, GERALD L.	2. NAME	
Address	4312 N.E. 5TH TERRACE	3. NAME	
	OAKLAND PARK FL	4. NAME	
NAME		5. NAME	
Address		6. NAME	
NAME		7. NAME	
Address		8. NAME	
NAME		9. NAME	
Address		10. NAME	
NAME		11. NAME	
Address		12. NAME	
NAME		13. NAME	
Address		14. NAME	
NAME		15. NAME	
Address		16. NAME	
NAME		17. NAME	
Address		18. NAME	
NAME		19. NAME	
Address		20. NAME	
NAME		21. NAME	
Address		22. NAME	
NAME		23. NAME	
Address		24. NAME	
NAME		25. NAME	
Address		26. NAME	
NAME		27. NAME	
Address		28. NAME	
NAME		29. NAME	
Address		30. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Article 11(7)(a), 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 person or trustee empowered to execute the report as required by Chapter 11, Florida Statutes, and that my name appears in Block A, or Block C, if changed, or on any attachment with an address.

SIGNATURE: G.L. Marsh

5-1-95 (305) 563-4877

Florida Office