

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Gwendolyn B. Marston
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K42741** (4)

1. Corporation Name
AVENUE GARAGE, INC.



Principal Place of Business
**4138 ELECTRIC WAY
CHARLOTTE HARBOR FL 33980**

Mailing Address
**4138 ELECTRIC WAY
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. No., etc.	26	State, Apt. No., etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 11/01/1988	3a. Date of Last Report 02/14/1995
4. FID Number 65-0241812	Applied For Not Applicable
5. Certificate of Status Debted <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has authority for filing the tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDY, WILLIAM T.
5400 PELICAN BLVD
CAPE CORAL FL 33914**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL Zip Code

11. Pursuant to the provisions of Sections 601.05(2) and 607.01(5)(b), 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 is authorized by the corporation's board of directors, hereby, and I, the undersigned, accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 601.05(2) and 607.01(5)(b), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

DP	VACOPOULOS, CONSTANTIN	[] DELETED
NAME	21463 KENELM AVENUE	
STREET ADDRESS	PT. CHARLOTTE FL	
CITY, STATE, ZIP	S	[] DELETED
NAME	VACOPOULOS, DEBORAH	
STREET ADDRESS	21463 KENELM AVENUE	
CITY, STATE, ZIP	PORT CHARLOTTE FL	
NAME	[] DELETED	[] DELETED
STREET ADDRESS	[] DELETED	[] DELETED
CITY, STATE, ZIP	[] DELETED	[] DELETED
NAME	[] DELETED	[] DELETED
STREET ADDRESS	[] DELETED	[] DELETED
CITY, STATE, ZIP	[] DELETED	[] DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11111	[] Change [] Addition
12222	
13333	
14444	[] Change [] Addition
15555	
16666	
17777	[] Change [] Addition
18888	
19999	
20000	[] Change [] Addition
21111	
22222	
23333	[] Change [] Addition
24444	
25555	
26666	[] Change [] Addition
27777	
28888	
29999	[] Change [] Addition
30000	

14. I do hereby certify that the information supplied with this filing is true and correct. I understand that by the execution of this form, Section 119.071(3)(a), Florida Statutes, I further certify that the information provided on this form will not be supplied to the general public 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 and the person authorized to execute this report as required by Chapter 600, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form. I do so under penalty of perjury.

SIGNATURE: *Deborah S. Vacoopoulos* Deborah S. Vacoopoulos 3-13-96 941-625-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)