

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Jeffrey A. Mather  
Secretary of State  
1900 BANK ONE CENTER BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

**APPROVED  
AND  
FILED**

90 MAY -1 1995 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L91700 (9)**  
ECONOMICAL AUTOMOTIVE OF THE PALM BEACHES, INC.

Principal Office of Registrant: % 902 OLD DIXIE HWY LAKE PARK FL 33403  
Mailing Address: % 902 OLD DIXIE HWY LAKE PARK FL 33403

(DO NOT WRITE IN THIS SPACE)

|                                   |  |                       |  |                                                                                          |  |                                                                                                        |  |
|-----------------------------------|--|-----------------------|--|------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|
| 2. Principal Office of Registrant |  | 2a. Mailing Address   |  | 3. Date Report Due (Required)                                                            |  | 3a. Date of Last Report                                                                                |  |
| 21. Number of Reports             |  | 26. Number of Reports |  | 07/03/1990                                                                               |  | 03/30/1994                                                                                             |  |
| 22. Number of Reports             |  | 27. Number of Reports |  | 4. Filing Number                                                                         |  | 5. Certificate of Status Fee                                                                           |  |
| 23. City & State                  |  | 28. City & State      |  | 59-2295559                                                                               |  | \$8.75 Additional Fee Required                                                                         |  |
| 24. City & State                  |  | 29. City & State      |  | 6. Election Campaign Contribution                                                        |  | \$5.00 May Be Added to Fees                                                                            |  |
| 25. City & State                  |  | 30. City & State      |  | 7. The corporation has had no change in its officers or directors since the last report. |  | 8. The corporation has had no change in its principal office or mailing address since the last report. |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCUE, WILLIAM JAMES, III  
90 OLD DIXIE HWY  
LAKE PARK FL 33403

81. Name  
82. Street Address (If Other Than Numbered Street)  
83. City & State  
84. Zip  
85. State

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of their knowledge and belief, and that the same is a true and correct copy of the original report as filed with the Secretary of State.

12. I hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same is a true and correct copy of the original report as filed with the Secretary of State.

|                                                                                                                                                                                                                                          |  |                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|--|
| 12. I hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same is a true and correct copy of the original report as filed with the Secretary of State. |  | 13. ADDITIONAL CHANGES TO THE REPORT AND THE FORMS |  |
| NAME: MCCUE, WILLIAM JAMES III                                                                                                                                                                                                           |  | NAME: [ ]                                          |  |
| ADDRESS: 902 OLD DIXIE HWY                                                                                                                                                                                                               |  | ADDRESS: [ ]                                       |  |
| CITY: LAKE PARK FL                                                                                                                                                                                                                       |  | CITY: [ ]                                          |  |
| NAME: MCCUE, KATHY                                                                                                                                                                                                                       |  | NAME: [ ]                                          |  |
| ADDRESS: 902 OLD DIXIE HWY                                                                                                                                                                                                               |  | ADDRESS: [ ]                                       |  |
| CITY: LAKE PARK FL                                                                                                                                                                                                                       |  | CITY: [ ]                                          |  |
| NAME: [ ]                                                                                                                                                                                                                                |  | NAME: [ ]                                          |  |
| ADDRESS: [ ]                                                                                                                                                                                                                             |  | ADDRESS: [ ]                                       |  |
| CITY: [ ]                                                                                                                                                                                                                                |  | CITY: [ ]                                          |  |
| NAME: [ ]                                                                                                                                                                                                                                |  | NAME: [ ]                                          |  |
| ADDRESS: [ ]                                                                                                                                                                                                                             |  | ADDRESS: [ ]                                       |  |
| CITY: [ ]                                                                                                                                                                                                                                |  | CITY: [ ]                                          |  |
| NAME: [ ]                                                                                                                                                                                                                                |  | NAME: [ ]                                          |  |
| ADDRESS: [ ]                                                                                                                                                                                                                             |  | ADDRESS: [ ]                                       |  |
| CITY: [ ]                                                                                                                                                                                                                                |  | CITY: [ ]                                          |  |
| NAME: [ ]                                                                                                                                                                                                                                |  | NAME: [ ]                                          |  |
| ADDRESS: [ ]                                                                                                                                                                                                                             |  | ADDRESS: [ ]                                       |  |
| CITY: [ ]                                                                                                                                                                                                                                |  | CITY: [ ]                                          |  |
| NAME: [ ]                                                                                                                                                                                                                                |  | NAME: [ ]                                          |  |
| ADDRESS: [ ]                                                                                                                                                                                                                             |  | ADDRESS: [ ]                                       |  |
| CITY: [ ]                                                                                                                                                                                                                                |  | CITY: [ ]                                          |  |

14. I hereby certify that the information furnished in this report is true and correct to the best of my knowledge and belief, and that the same is a true and correct copy of the original report as filed with the Secretary of State.

SIGNATURE:

W. J. McCue

William J. McCue

4-28-95

(407) 848-8539

