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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M58258 (8)
1. Corporation Name
SPIN. A. CAR, INC.



Principal Place of Business Mailing Address
4051 SW 47TH AVE. 4051 SW 47TH AVE.
#103 #103
DAVIE FL 33314 DAVIE FL 33314-4051

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/31/1987	05/01/1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	65-0017779	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLUTSTEIN, GEORGE J. 20801 BISCAYNE BOULEVARD SUITE 303, THE IVES BUILDING NORTH MIAMI BEACH FL 33180	81 Name ELLIOT WACHMAN 82 Street Address (P.O. Box Number is Not Acceptable) 4051 SW 47TH AVE, #103 83 84 City DAVIE, FL FL 85 Zip Code 33314

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 5/28/97
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
S WACHMAN, ELLIOT 5900 SW 33RD AVE. FORT LAUDERDALE FL 33312	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
D WACHMAN, INA 3501 KEYSER AVE., #24 HOLLYWOOD FL 33021	WACHMAN, INA 4051 SW 47 AVE, # 103 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE 4/29/97 (554)
ELLIOT WACHMAN

CR2E034 (9/96)