

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 8:11

DOCUMENT # P07982 (2)

1. Corporation Name
ART MORAN AUTO PLAZA, INC.

Principal Place of Business: **3720 NORTHLAKE BLVD. LAKE PARK FL 33403 US**
Mailing Address: **3720 NORTHLAKE BLVD LAKE PARK FL 33403 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/05/1985		3a. Date of Last Report 06/14/1994	
4. FEI Number 38-2628970		Applied For Not Applicable	
5. Certificate of Status Desired <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 liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21 3720 NORTHLAKE BLVD.		26 3720 NORTHLAKE BLVD.		27 LAKE PARK, FL		28 LAKE PARK, FL	
22		29 33403		30 PAUM BEACH		30 PAUM BEACH	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 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 _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, ARTHUR C.	12 NAME	
STREET ADDRESS	3720 NORTHLAKE BLVD.	13 STREET ADDRESS	
CITY ST ZIP	LAKE PARK FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JANICE E.	22 NAME	
STREET ADDRESS	3720 NORTHLAKE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	LAKE PARK FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, WILLIAM	32 NAME	
STREET ADDRESS	3720 NORTHLAKE BLVD.	33 STREET ADDRESS	
CITY ST ZIP	LAKE PARK FL	34 CITY - ST - ZIP	
TITLE	P	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, DANIEL	42 NAME	
STREET ADDRESS	3720 NORTHLAKE BLVD.	43 STREET ADDRESS	
CITY ST ZIP	LAKE PARK FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to an address.

SIGNATURE: Janice Moran **JANICE MORAN - SECRETARY** Date: 6/8/95 407-633 1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
27 JUN 1995

DOCUMENT # P08147 (1)

1. Corporation Name
GRAVER TANK & MFG. CO., INC.

Principal Place of Business Mailing Address
10101 BAY AREA BLVD. PASADENA TX 77507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/20/1985** 3a. Date of Last Report **02/15/1994**
4. FEI Number **76-0105754** 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. 199.034, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 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 _____ (Signature filed to permit name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDAVID, T.J.	1.2 NAME	
STREET ADDRESS	10101 BAY AREA BLVD	1.3 STREET ADDRESS	
CITY ST ZIP	PASADENA TX	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDAVID, R.S.	2.2 NAME	
STREET ADDRESS	HWY 164 & SR RT 25	2.3 STREET ADDRESS	
CITY ST ZIP	NITRO WV	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRTH, J.E., JR.	3.2 NAME	
STREET ADDRESS	10101 BAY AREA BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	PASADENA TX	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISSACS, R.	4.2 NAME	
STREET ADDRESS	HWY 164 & ST RT. 25	4.3 STREET ADDRESS	
CITY ST ZIP	NITRO WV	4.4 CITY ST ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIEN, M.F.	5.2 NAME	
STREET ADDRESS	10101 BAY AREA BLVD.	5.3 STREET ADDRESS	
CITY ST ZIP	PASADENA TX	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 110.07(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: M.F. Heien M.F. Heien 6/8/95 713-474-6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CR2E034 (3/95)