

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

APPROVED AND FILED

95 MAR -1 PM 4: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



NOT A TAX RETURN
 Florida Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P27457 (1)

PREVOST CAR, INC.

Principal Place of Business Mailing Address
 862 VALLEY BROOK AVE. 862 VALLEY BROOK AVE.
 P.O. BOX 268 P.O. BOX 268
 LYNDHURST NJ 07071 LYNDHURST NJ 07071

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1989	3b. Date of Last Report 02/23/1994
21		26		4. FEI Number 22-1935309	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. State	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUSCORELLA, JOSEPH 7451 WILSON BLVD JACKSONVILLE FL 32210				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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: _____ DATE: _____
(Signature of Registered Agent required when resigning)

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	NORMAND, ANDRE	1.2 NAME	
STREET ADDRESS	35 BLVD GAYNON, ST CLAIRE	1.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC CANADA	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURBISON, THOMAS B.	2.2 NAME	
STREET ADDRESS	1002 OLD YORK RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	ABINGHAM PA	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAND, NICOLE	3.2 NAME	
STREET ADDRESS	35 BLVD GAYNON, ST CLAIRE	3.3 STREET ADDRESS	
CITY, ST, ZIP	QUEBEC CANADA	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, WILLIAM G.	4.2 NAME	
STREET ADDRESS	816 UPPER STATE RD	4.3 STREET ADDRESS	
CITY, ST, ZIP	CHALFONT PA	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, JOSEPH F.	5.2 NAME	
STREET ADDRESS	862 VALLEY BROOK AVE	5.3 STREET ADDRESS	
CITY, ST, ZIP	LYNDHURST NJ	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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it meets and qualifies for the exemption stated in Section 119.07(1)(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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph F. Craig* *Joseph F. Craig* **2/24/95** **201933-3900**
(Signature and typed or printed name of registered agent or director)