

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27457 (1)

1. Corporation Name
PREVOST CAR, INC.



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

3. Date Incorporated or Qualified: **12/27/1989**
3a. Date of Last Report: **03/01/1995**

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

4. FEI Number: **22-1935309**
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 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MUSCORELLA, JOSEPH
7451 WILSON BLVD
JACKSONVILLE FL 32210**

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORMAND, ANDRE	
STREET ADDRESS	35 BLVD GAYNON, ST CLAIRE	
CITY- ST- ZIP	QUEBEC CANADA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HURBISON, THOMAS B.	
STREET ADDRESS	1002 OLD YORK RD	
CITY- ST- ZIP	ABINGHAM PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NORMAND, NICOLE	
STREET ADDRESS	35 BLVD GAYNON, ST CLAIRE	
CITY- ST- ZIP	QUEBEC CANADA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, WILLIAM G.	
STREET ADDRESS	816 UPPER STATE RD	
CITY- ST- ZIP	CHALFONT PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAIG, JOSEPH F.	
STREET ADDRESS	862 VALLEY BROOK AVE	
CITY- ST- ZIP	LYNDHURST NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOURELLE, GEORGES	
1.3 STREET ADDRESS	35 BLVD GAYNON, ST. CLAIRE	
1.4 CITY- ST- ZIP	QUEBEC CANADA	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LETOURNEAU, PIERRE	
2.3 STREET ADDRESS	35 BLVD GAYNON, ST. CLAIRE	
2.4 CITY- ST- ZIP	QUEBEC CANADA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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: *Joseph F. Craig VP* **2/16/96** **201933-3900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)