

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000008133 (9)

1. Corporation Name

FLORIDA TINT & TUNES, INC.



Principal Place of Business

250 S. DIXIE HIGHWAY
BOCA RATON FL 33432

Mailing Address

250 S. DIXIE HIGHWAY
BOCA RATON FL 33432

3. Date Incorporated or Qualified
01/29/1993

3a. Date of Last Report
03/20/1995

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

10. Name and Address of New Registered Agent

CARNES, JAMES J
3765 BOTTLEBRUSH COURT
UNIT A
WELLINGTON FL 33426

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

Boca Raton

FL

85 Zip Code

33432

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FEELEY, ROBERT L
STREET ADDRESS 9873 LAWRENCE RD., J306
CITY-ST-ZIP BOYNTON BEACH FL 33431

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 250 S DIXIE HWY
1.4 CITY-ST-ZIP Boca Raton FL 33432

TITLE VD
NAME CARNES, JAMES J
STREET ADDRESS 9873 LAWRENCE RD., J306
CITY-ST-ZIP BOYNTON BEACH FL 33431

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 250 S DIXIE HWY
2.4 CITY-ST-ZIP Boca Raton FL 33432

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 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:

[Signature]
Typed or printed name of signing officer or director
V. Pres. Reg. Agent

7/8/96

800-299-0287

Daytime Phone #

CR2E034 (12/95)