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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000028669 (8)**
1. Corporation Name
E & E AUTOMOTIVE DISTRIBUTORS, INC.

PLEASE PRINT OR TYPE IN THIS SPACE

Principal Office of Business: **7800 N. UNIVERSITY DRIVE # 202 TAMARAC FL 33321**
Mailing Address: **7800 N. UNIVERSITY DRIVE # 202 TAMARAC FL 33321**

2. Principal Office of Business		2a. Mailing Address		3. Date Incorporated or Organized	3a. Date of Last Report
7800 N. UNIVERSITY DRIVE # 202 TAMARAC FL 33321		7800 N. UNIVERSITY DRIVE # 202 TAMARAC FL 33321		04/20/1993	05/23/1994
21. Filing Agent of	26. Mailing Address	4. FET Number	Applied For		
		65-0419848	Not Applicable		
22. Filing Agent of	27. State Apt. # (if)	5. Certificate of Status (Desired)	\$8.75 Additional Fee Required		
		<input type="checkbox"/>			
23. Filing Agent of	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		<input type="checkbox"/>			
24. Filing Agent of	25. Filing Agent of	8. The corporation has liability for intangible tax under s. 198.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STRULOWITZ, HAROLD 7800 N. UNIVERSITY DRIVE # 202 TAMARAC FL 33321				81. Name	ED EPSTEIN		
				82. Street Address (P.O. Box Number is Not Applicable)	10061 NW 50TH MANOR		
				83. City	CORAL SPRINGS		
				84. State	FL	85. Zip Code	33076

11. I, the undersigned, being a resident of this state, and being 19 years of age, do hereby certify that the above named corporation exists and is duly organized under the laws of the State of Florida, and that the change was duly made by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of this state and am at least 19 years of age.

Handwritten Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. Name	PSTD EPSTEIN, EDWARD	1. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. Street Address	10061 N.W. 50TH MANOR	2. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. City	CORAL SPRINGS FL 33076	3. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. State	FL	4. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. Zip Code	33076	5. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. Title		6. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. Term of Office		7. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. Date of Election		8. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. Date of Resignation		9. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. Date of Death		10. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. Date of Removal		11. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. Date of Suspension		12. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. Date of Revocation		13. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. Date of Annulment		14. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. Date of Reinstatement		15. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. Date of Other		16. Name	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information appearing with this filing is substantially true and correct, that I am duly qualified to act as registered agent for the corporation named in this report, and that the corporation is duly organized under the laws of the State of Florida, and that the change was duly made by the corporation's board of directors. I am a resident of this state and am at least 19 years of age.

SIGNATURE: *Handwritten Signature* 4/7/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR