FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
FILED

DOCUMENT # P93000040066 (1)

1. Corporate Name
AUTOJAX, INC.

Principal Office Address
5415-B PHILLIPS HWY
JACKSONVILLE FL 32207
US

Mailing Address
P. O. BOX 24701
JACKSONVILLE FL 32241
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993
3a. Date of Last Report: 06/04/1994

2. Principal Place of Business
21 4711 TREVI DRIVE
Suite Apt. #: 22
City & State: 23 JACKSONVILLE, FL
Zip: 24 32257 Country: 25 US

2a. Mailing Address
26 SAME AS 21
Suite Apt. #: 27
City & State: 28 SAME
Zip: 29 SAME Country: 30

4. FEI Number: 59-3185007 — 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 actually transacted business in the State of Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
WILSON, JAMES
4711 TREVI DR.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0501, and 607.150(8) 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, State, Zip
D	WILSON, JAMES G	5415-B PHILLIPS HWY.	JACKSONVILLE FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, State, Zip	Change / Addition
		4711 TREVI DR	JACKSONVILLE, FL 32257	[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing, or voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information contained in the 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 above, or on an attached sheet with any changes or additions.

SIGNATURE: James G. Wilson PRES. JAMES G. WILSON 5/12/95 (904) 733-3199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0407145 FP