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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045341 (3)

1. Corporation Name

ALL AMERICAN SUPER LUBE, INC.



Principal Place of Business

3902 S TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

3902 S TAMiami TRAIL
SARASOTA FL 34231

3. Date Incorporated or Qualified
06/21/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3902 S. TAMiami TR

26 3902 S. TAMiami TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

Zip

Country

Zip

Country

24 34231

25 SARASOTA

29 34231

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWNING, ROBERT W JR
1800 SECOND ST
S-900
SARASOTA FL 34236

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

Mary E. O'Donnell

(NOTE: Registered Agent signature required when reinstating)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME O'DONNELL, CHARLES G.
STREET ADDRESS 4045 CROCKERS LAKE BLVD APT. 2221
CITY-ST-ZIP SARASOTA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPS
NAME O'DONNELL, MARY E.
STREET ADDRESS 4045 CROCKERS LAKE BLVD APT. 2221
CITY-ST-ZIP SARASOTA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

President
MARY E. O'Donnell
1227 Sleepy Hollow Rd.
VENICE, FL 34292

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

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***200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

5-1-96
BBB

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:

Mary E. O'Donnell

MARY E. O'DONNELL

(941) 485-8983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)