

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
GOVERNOR
TALLAHASSEE, FLORIDA 32301

DOCUMENT # P93000080672 (7)

FAST LANE QUIK LUBE, INC.

APPROVED
AND
FILED

93 MAY 11 1996 25

STATE OF FLORIDA
TALLAHASSEE

1134A E FLETCHER AVENUE
TAMPA FL 33612

1134A E FLETCHER AVENUE
TAMPA FL 33612

2. Filing Date: 11/18/1993		3a. Date of Last Report: 06/10/1994	
21. Filing Agent: 59-3214515		3b. Date of Last Report: 06/10/1994	
22. Filing Agent: 59-3214515		3c. Filing Agent: 59-3214515	
23. Filing Agent: 59-3214515		3d. Filing Agent: 59-3214515	
24. Filing Agent: 59-3214515		3e. Filing Agent: 59-3214515	
25. Filing Agent: 59-3214515		3f. Filing Agent: 59-3214515	
26. Filing Agent: 59-3214515		3g. Filing Agent: 59-3214515	
27. Filing Agent: 59-3214515		3h. Filing Agent: 59-3214515	
28. Filing Agent: 59-3214515		3i. Filing Agent: 59-3214515	
29. Filing Agent: 59-3214515		3j. Filing Agent: 59-3214515	
30. Filing Agent: 59-3214515		3k. Filing Agent: 59-3214515	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEIRA, FRANCISCO
1134A E FLETCHER AVENUE
TAMPA FL 33612

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
			FL	

11. I, the undersigned, being duly sworn, depose and say that the above named corporation admits the statement for the purpose of filing its registered office or registered agent in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and I accept the duties of a registered agent under the Florida Statutes.

DEPOSITION

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD TEIRA, FRANK 1134-A E FLETCHER AVE TAMPA FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.01(2)(a) Florida Statutes. I further certify that the information is not a part of the annual report or supplemental annual report as required and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or principal officer of the corporation. I am familiar with and I accept the duties of a registered agent under the Florida Statutes. I am familiar with and I accept the duties of a registered agent under the Florida Statutes. I am familiar with and I accept the duties of a registered agent under the Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/95 813971-5541