

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

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95 APR 25 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P93000082812 (7)
 1. Corporation Name
L.I.N.A. REPAIR CENTER INC.

Principal Place of Business: **9078 WASHINGTON ST. HOLLYWOOD FL 33023**
 Mailing Address: **5678 WASHINGTON ST. HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **11/19/1993** 3a. Date of Last Report: **05/01/1994**
 4. FEI Number: **65-0454511** 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**
 6. The corporation has liability for intangible tax under S. 109.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ROSTAMAN, BEN
5678 WASHINGTON ST.
HOLLYWOOD FL 33023

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 607.0502 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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS
 D
ROSTAMAN, BEN
5678 WASHINGTON ST.
HOLLYWOOD FL 33023

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1 1 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY - ST - ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY - ST - ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY - ST - ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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 110.07(3)(b), 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:  **BEN ROSTAMAN, DR.** 4-18-95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #