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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

1996

DOCUMENT #

TAMPA FL 33615

P9400039570 (4)

TAMPA FL 33615

I. Corporation Name

AMERICAN AUTO PREMIUM, INC.

Principal Place of Business Mailing Address

8809 AUDRY LANE

8809 AUDRY LANE



						3. Date prograted or Qualified 05/23/1994	3a. Date	6/01/1	995	
2. Principal Place of Business		2a. Mailing Address 26	haman n			4. FETN 1011-3256878 Appli			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite. Apt. #, etc	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25	Ζιρ 29	30 Cour	itry		8. This corporation has liability for intangible tax under s. 199.032, Elorida Statutes				
	9. Name and Address of Curi	ent Registered Agent		_ = _		10. Name and Address of New R	egistered A	gent		
LUSTAN, MICHAEL S					81 Name					
8809 AUDRY LANE TAMPA FL 33615				82 Street Address (P.O. Box Number is Not Acceptable)						
IAMPA			83							
				84	City		FL	85 Z	p Code	
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.05 ad agent, or both, in the State of Fi h, and accept the obligations of, Se	02 and 607.1508, Florioa Sta orda: Such change was auth action 607.0505, Florida Statu	atutes, the above orized by the coutes.	/e na orpoi	med corporation's bo	oration submits this statement for the purp and of directors. I hereby accept the appo		nging its i registered	registered office Lagent, Lam	
GIGITATORE	Signature, typed or printed harrie of registered as		(MOTE: Registered A	g ent	soprature requi	est where rematating?	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI				
TITLE	LUSTAN, MICHAEL S	☐ DEFE1F	1. 1 711] Change	☐ Addition	
NAME	8809 AUDRY LANE		1.2 NAI							
SIRELL ADDRESS	TAMPA FL 33615				DORESS					
C IY-SI-ZP		Fabrure		1.4 CITY - ST - ZIP 2.3 TILLE						
THEF NAME					İ		L) Change	Addition	
STREET ADDRESS			2 2 NA1		neer o					
					DORESS				j	
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NAME			4.2 NAM	VΈ						
STREET ADDRESS			4.3 SIF	(ELA	DORESS					
CITY-S1-ZIF			4.4.017	Y SI-	7.P					
TIFLE	☐ DELETE		5 1 111	5 1 TITLE				Change	☐ Addition	
NAMí			5.2 NAM	VΕ					Ţ	
STREET ADDRESS			5.3 STH	ŒET A	DDRESS					
CITY-ST-7IP		22	5.4.01	Y - S1 -	ZiP					
10'LF		☐ DELETE		6 1 T TLF				Change	Addition	
NAME			6.2 NA*	VΞ						
STHEET ADDRESS			6 3 STA	RET A	DORESS					
CITY-ST-7IP	v certify that the information supplie		6 4 CH			for the evaporative stated in Section 110.0				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(4). Florida Statutes I further certify that the information indicated on this annual report or supplementa' 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:

MONATURE AND HYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96

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