

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000058781 (3)

1. Corporation Name

NATIONAL AUTO SERVICE CENTER - 2, INC.



Principal Place of Business

Mailing Address

1605 S. MISSOURI AVE.
CLEARWATER FL 34616

1605 S. MISSOURI AVE.
CLEARWATER FL 34616

3. Date Incorporated or Qualified

08/08/1994

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELMORE, DAVID
1605 S. MISSOURI AVE.
CLEARWATER FL 34616

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 607.1506, 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

Signature, Agent or printer name of registered agent and true filer (if applicable)

(If OFF: Registered Agent Signature required when reestablishing)

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, LEONARD D	
STREET ADDRESS	3221 E. FAIRBROOK ST.	
CITY-STATE-ZIP	MESA AZ 85213	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ELMORE, DAVID	
STREET ADDRESS	1605 SOUTH MISSOURI AVE.	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, MYRA A	
STREET ADDRESS	962 E. ISABELLA AVE.	
CITY-STATE-ZIP	MESA AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Levin, Leonard D.	
1.3 STREET ADDRESS	1605 So. Missouri Ave	
1.4 CITY-STATE-ZIP	Clearwater, FL 34616	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Polesky, Myra A	
3.3 STREET ADDRESS	962 E. Isabella Ave	
3.4 CITY-STATE-ZIP	Mesa, AZ 85204	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Levin, Carol J.	
4.3 STREET ADDRESS	1605 So. Missouri Ave	
4.4 CITY-STATE-ZIP	Clearwater, FL 34616	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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 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 change of name or an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Leonard D. Levin 4-9-96 813-581-4061

CR2E034 (12/95)