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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9500 L Corporation Name PENINSULA AUTOMOTIVE CORE Principal Place of Business 4111 LOUIS AVENUE #46	Mailing Address 31790 US 19 N			
HOLIDAY FL	PALM HARBOR FL 3468	4	3. Date Incorporated or Qualified 3 01/01/1995	3a. Date of Last Report 05/01/1995
Principal Prace of Business	2a. Mailing Address		4. FE Number	Applied For
	26		59-3294956	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
	28		Trust Fund Contribution	Added to Fees
Zip Country	Zipi	Country	8. This corporation has liability for inta	
25   9. Name and Address of Curren	1 Penistered Agent	[30]	Florida Statutes Yes [ Yes ]	
g. Name and Address of Curren	r negistered Agent	81 Name	It, waite and Address of frew rieg	istored Agent
BALUSIK, STEVEN M		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
4111 LOUIS AAVENUE		62 Street Addre	3SS (F.O. 1808 NORDELLS NOT Acceptable)	
#46		83		
HOLIDAY FL		84 City		FL 85 Zip Code
or registered agent, or both, in the State of Florio familiar with, and accept the obligations of, Sect.  IGNATURE  Secure, byte or probabilism of a particle agent.  2. OFFICERS ANI	ion 607.0505, Florida Statutes. and the dapphase (NO)	d by the corporation's board: Fogsload April signature related  13.		DATE
TILE D	[] DELETE	1 1 TITLE		Change Addition
AME BALUSIK, STEVEN M		1.2 NAMŁ		
THEFT ADDRESS 4111 LOUIS AVENUE #46		1.3 STREET ADORESS		
1Y-ST-ZiP HOLIDAY FL	DELETE	14 CITY ST ZIP		Change Addition
ME	Libertois	2.2 NAME		
PEFT ADDRESS		2 3 STREET ADDRESS		
1Y-S1-7/P		2.4 CITY-ST ZIP		
TLE	☐ DELETE	3 1 TIFLE		Change Addition
AME		3 2 NAME		
IRELI ADORESS		33 STHEFT ADDRESS		
17 - \$1 - 7.6	( ) DELETE	3.4 C(TY-S1-7)P		FT Change FT Addition
TEF ANAE	(T) DELETE	4 1 TITLE 4 2 NAME		Change Addition
AME IREFLADDRESS		4.3 STREET ADURESS		
TY-ST-ZP		4.4 C(TY+S1-7)F		
TIE TE	DELETE	5 THILE		[] Change [] Addition
aMi:		5.2 NAME		
TREET ADDRESS		5 3 STREET ADDRESS		
1Y-\$1-7P	111 <u>22.</u> 1	5.4 City St. Ziff		
TLE	DELETE	6 1 TIFLE		Change [] Addition
4ME		6 2 NAME		
IREET ADDRESS		6.3 STREET ADDRESS		
IY-SI-ZiP  4. I do hereby certify that the information supplied in	with this films is voluntable for is	■ 64 CHY-S1-2# shed and does not quality fo	or the exemption stated in Section 119.07	(3)(k) Florida Statutes I further
certify that the information indicated on this annu- oath; that I am an officer or director of the <u>horos</u>	ial report or supplemental anni	al report is true and accorate empowered to execute this	te and that my signature shall have the sar	me legal effect as if made under

SIGNATURE:

AND TYPE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-3-96 813-786-6370

CR2E034 (12/95)