

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000015727 (7)

1. Corporation Name

JASON AUTO INCORPORATED

Principal Place of Business

2012 WILSON STREET  
HOLLYWOOD FL 33020

Mailing Address

2012 WILSON STREET  
HOLLYWOOD FL 33020



2. Principal Place of Business	2a. Mailing Address
21 2200 N. FED. HWY.	26 SAME
22 Suite, Apt. #, etc. B	27 Suite, Apt. #, etc.
23 City & State HOLLYWOOD	28 City & State
24 FL 33020	29 Country BROWARD
25	30

3. Date incorporated or Qualified	3a. Date of Last Report
02/24/1995	
4. FEI Number	Applied For
65-0555873	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MAHEU, ALAIN  
1847 WILSON STREET  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name	CAROL LESSARD
82 Street Address (P.O. Box Number is Not Acceptable)	4800 N.W. 35 ST
83	APT # K 411
84 City	LAUDERDALE LAKES
85 Zip Code	FL 33319

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

Signature, typed or printed name of registered agent and the 1 applicable:

NOTE: Registered Agent signature required when reinstalling.

CAROL LESSARD

04/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	MAHEU, ALAIN	1.2 NAME	YVON GAGNON
STREET ADDRESS	1847 WILSON STREET	1.3 STREET ADDRESS	5101 NW 34 ST V 103
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE		2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	CAROL LESSARD
STREET ADDRESS		2.3 STREET ADDRESS	4800 N.W. 35ST K 411
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	700001803797
STREET ADDRESS		4.3 STREET ADDRESS	-05/01/96--01104--031
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***200.00
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 changed, or on an attachment with an address.

SIGNATURE:

(CAROL LESSARD)

04-08-96 (954) 925-2080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SE 5-91

CR2E034 (12/95)