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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996		DI		tary of State CORPORA	TIONS			
DOCU 1. Gorporation	MENT #	P9500	004457	'O (6	5)				
B.H.F.	AUTO, INC.						I LLANGER (NA INNA ENIN REN) AN	(1) 61 (() 94 (4 9 (6)) 8	i i i i i i i i i i i i i i i i i i i
Principal Place of Business Mailing Address 317 TENTH STREET 317 TENTH STREET						·			
	ACH FL 33401		W PALM B		3401				
							3. Date Incorporated or Qualified 06/08/1995	3a. Date of	ast Report
. Principa' Pl	ace of Business		2a. Mailing Ad 26	ddress			4. FEI Number 65-0584379	· · · · · · · · · · · · · · · · · · ·	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt	#, etc.			5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & State	;		City & Sta	ite			6. Election Campaign Financing Trust Fund Contribution	;	\$5.00 May Be
Zip	25	ountry	Zip 29		Count	ry	8. This corporation has liability for	r intangible tax ur s	Added to Fees der s 199,032,
		ddress of Currer	nt Registered Age	nt	130		10. Name and Address of New		nt
MOOLE					8	1 Name	1		
NICOLETTI, PAUL J				8	2 Street Add	ress (P.O. Box Number is Not Accepta	ible)		
317 TENTH STREET W PALM BEACH FL 33401					8	<u></u>		·	
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** 1 * 1 ***									
	o the provisions of s	Sections 607.0502	2 and 607.1508, Flo	rida Statute		4 City	ration submits this statement for the pu	FL 8:	1 '
Pursuant t or register familiar wit IGNATURE.	o the provisions of Sed agent, or both, in h, and accept the c	organistis or, occi		za Statutes.	es, the above ed by the cor	named corporporation's boa	ration submits this statement for the pure of directors. I hereby accept the appoint when reinstating!	►L urpose of changin pointment as regis	1 '
Pursuant to register familiar with signature. 2.	Signature, typed or printed	organistis or, occi	and title if applicable D DIRECTORS	/NO	es, the above ed by the cor	1 - 7		rpose of changin cointment as region	g its registered office stered agent. I am
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appears in Block 12 or Block 13 if changed pan attachment with an address. SIGNATURE: _______

ME OF SIGNING OFFICER OR DIRECTOR

4 10 96
Dayline Phone #