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

PROFIT CORPORATION ANNUAL REPORT



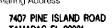
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000068185 (4)

DOCUN 1. Corporation		* F	29 5
TOTAL	CAD 0	TOUCK	ILIO

TOTAL CAR & TRUCK, INC. Principal Place of Business





7407 PINE ISLAND ROAD TAMARAC FL 33321		7407 PINE ISLAND RO TAMARAC FL 33321	DAD	1.4
				3. Date Incorporated or Qualified 3a. Date of Last Report 08/31/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For Not Applied be
21	II aka	Suite, Apt. #, etc.		Not Applicable \$8.75 Additional
Suite, Apt.	. #, etc.	27 Suite, Apri. #, etc.		5. Certificate of Status Desired Fee Required
City & Stat	to	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	Country	Trust Fund Contribution LJ Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
Zip 24	Country 25	Ζφ [29]	Country 30	Florida Statutes Yes \(\) No
<u></u>	9. Name and Address of Cui			10. Name and Address of New Registered Agent
			81 Name	ne
	rtson, Lisa		82 Street	et Address (P.O. Box Number is Not Acceptable)
	PINE ISLAND ROAD		83	
. TAMAI	RAC FL 33321			
→ 			84 City	FI 85 Zip Code
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	tes, the above-named o	t corporation submits this statement for the purpose of changing its registered office
or registe	ered agent, or both, in the State of F with, and accept the obligations of, S	lorida. Such change was authoriz	zed by the corporation'	n's board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE				
	Signature, typed or printed name of registered		OTE Registered Agent signature	une required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. Title	PRESIDENT	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	11161 RIPS RTSER)	1.2 NAME	
STREET ADDRESS	11. 11. 12. 15. 1411	is euro	1.3 STREET ADDRESS	ss
CITY-ST-ZIP	THINANCE FL	3334	1.4 CITY-ST-ZIP	
TITLE		DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	•
STREET ADDRESS	3		2.3 STREET ADDRESS	ss
CITY-ST-ZIP		☐ DELETE	2.4 C(1Y - ST - Z)P	Change Addition
TITLE		T Intrais	3.1 HILE	Clouding Clynonian
NAME SYREE1 ADDRESS			3.3 STREET ADDRES	223
CITY-ST-ZIP	·		3.4 CITY-SI-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS	s		4.3 STREET ADDRESS	.ss
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	700001811007
STREET ADDRESS	S		5.3 STREET ADDRESS	70001811007 -05/07/9601075007 ***200.00
CHY-SI-ZIP		☐ DELETE	54 CITY-S)-ZIP 6 1 TITLE	***200.00 Change [] Addition
TITLE			6.2 NAME	\1/.
NAME CTRLL ADDRESS			6.3 STREET ADDRES) \(\(\) \
STREET ADDRESS CITY-ST-ZIP	°		6.4 CITY - ST - ZIP	~)''
6 11-3 -ZIP			0.4.0111-01-215	

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 or

F SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date