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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

**DIVISION OF CORPORATIONS** 

1996

DOCUMENT #

P95000083777 (9)

THE DISCOUNT STOP TRUCK & AUTO REPAIR COMPANY, INC.

Principal Place of Business Mailing Address -2000 SOUTH PARK ROAD ----2000-SOUTH-PARK-ROAD PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1995 nla 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 2700 South Park Road 2700 South Park Road Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Pembrok City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution 23 Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes So 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) OHANA, EIRON 82 4100 INVERRARY BOULEVARD 83 #39A LAUDERHILL FL 33309 84 Zip Code 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. Eiran Ohana
MINTE Pacifistered Agent signature required when reinstating) SIGNATURE of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change : TITLE 1.1 TITLE OHANA, EITAN **OHANA, EIRON** NAME 1.2 NAME 4100 Inverrary Blvd, #30A 4100 INVERRARY BLVD. #39A STREET ADDRESS 1.3 STREET ADDRESS **LAUDERHILL FL 33309** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE 2 1 TITLE Change Addition TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 24 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP □ DELETE TIFLE 4 1 TITLE ☐ Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5. 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition 6. 1 TITLE TITLE NAMé 62 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 agrual report or supplementa/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 concoration or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if phanged

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eiran Otlana 4/11/96 (954)961-0609

CR2E034 (12/95)