

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000090357 (1)

1. Corporation Name
DANIA CAR AND BOAT, INC.



Principal Place of Business: 10 BRYAN RD DANIA FL 33004
Mailing Address: 10 BRYAN RD DANIA FL 33004

3. Date Incorporated or Qualified: 11/27/1995
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	28	City & State	
24	25	29	30
Zip	Country	Zip	Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLYNN, FRANCIS E
10 BRYAN RD
DANIA FL 33004

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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.

SIGNATURE

Signature, typed or printed name of registered agent and title of applicant

(If Not Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D FLYNN, FRANCIS E <input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10 BRYAN RD	12 NAME
STREET ADDRESS	10 BRYAN RD	13 STREET ADDRESS
CITY-ST-ZIP	DANIA FL 33004	14 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME
STREET ADDRESS		23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		64 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: *Francis E Flynn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-96
Date

925-7074
Daytime Phone #

CR2E034 (12/95)