FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

DOCUMENT # V38828 (2)

1. AA ALL COUNTY AUTO SERVICE INC.

6561 NW 14TH ST.
SUITE 48 & 49
PLANTATION FL 33318

6561 NW 14TH ST.
SUITE 48 & 49
PLANTATION FL 33318

3. 05/27/1992

3a. 04/15/1994

2. 21 1395 NW 65 AVE

2a. 26 1395 NW 65 AVE

22

27

23 Plantation FL

28 Plant. Fl

24 33313 25 US

29 33313 30 US

4. FEI Number 65-0338695 — 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. Florida Statute ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BAIRAN, PETER O
11135 NW 25 CT
SUNRISE FL 33322

10. Name and Address of New Registered Agent

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 Section 607.1005, Florida Statutes, the above named corporation submits the 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 (am familiar with and accept the duties and responsibilities) of such Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE	D	☐ Change ☐ Addition
NAME	DOHERTY, JOHN	
STREET ADDRESS	504 SW 133 AVE.	
CITY-ST-ZIP	DAVIE FL	
TYPE	D	☐ Change ☐ Addition
NAME	BAIRAN, PETER O.	
STREET ADDRESS	11135 NW 25TH CT.	
CITY-ST-ZIP	SUNRISE FL	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge and belief, the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental annual report is true and accurate and that the 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 above or on an attachment with an address.

SIGNATURE: X PETER O. BAIRAN — SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

4/26/95 — Date

305-797-9484 — Daytime Phone Number

0222104 CP