

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

**CORPORATE
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001**

DOCUMENT # V38828 (2)

AA ALL COUNTY AUTO SERVICE INC.

**Principal Office Location:
6561 NW 14TH ST.
SUITE 48 & 49
PLANTATION FL 33318**

**Meeting Address:
6561 NW 14TH ST.
SUITE 48 & 49
PLANTATION FL 33318**

DATE OF FILING: 11/23

**FILED IN: STATE
TALLAHASSEE, FLORIDA**

(Check one) Is this report:

3. Late (no explanation required) 05/27/1992 **3a. Date of last report 04/15/1994**

2. Principal Office Location:
21. 1395 NW 65 AVE **26. 1395 NW 65 AVE**

22. City & State: **27. City & State:**

23. Plantation FL **28. Plant. FL**

24. 33313 **25. US** **29. 33313** **30. US**

4. FIC 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**

7. This corporation is not subject to or not subject to the provisions of the Florida Statutes **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 **85. Zip Code**

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, this above-named corporation certifies this statement for the purpose of changing its registered office or registered agent or both in this 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 provisions of Sections 607.01 and 607.02, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	D
NAME	DOHERTY, JOHN
STREET ADDRESS	504 SW 133 AVE.
CITY & STATE	DAVIE FL
2. NAME	D
NAME	BAIRAN, PETER O.
STREET ADDRESS	11135 NW 25TH CT.
CITY & STATE	SUNRISE FL
3. NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
4. NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
5. NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this report is correct, true, and complete, and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information included 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 person or persons responsible for preparing the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1 of a transfer or continuation form with an address.

SIGNATURE: X PETER O. BAIRAN **4/26/95** **305-797-9484**