

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V43802 (0)**

1. Corporation Name  
**VOLVOSTOP, INC.**



Principal Place of Business: **557 NORTHEAST 26TH COURT POMPANO BEACH FL 33064**  
Mailing Address: **557 NORTHEAST 26TH COURT POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified: **06/15/1992** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0333554** 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

2. Principal Place of Business: 21 **557 NE 26 CT** Suite, Apt. #, etc.: **Pompano Beach FL**  
22 **Pompano Beach FL** 27 **Pompano Beach FL**  
23 **FL** 28 **Pompano Beach FL**  
24 **33064** 25 **USA** 29 **33064** 30 **USA**

9. Name and Address of Current Registered Agent

**BURTON, LEON  
557 NORTHEAST 26TH COURT  
POMPANO BEACH FL 33064**

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: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURTON, LEON</b>	1.2 NAME	
STREET ADDRESS	<b>557 N.E. 26TH COURT</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>BURTON, GLORIA</b>	2.2 NAME	
STREET ADDRESS	<b>557 N.E. 26TH COURT</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Leon Burton** *Leon Burton* **4/24/96** **954 782 5282**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CE2E034 (12/95)