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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49353 (8)

1. Corporate Name
PERFECTION AUTO CENTER, INC.

Principal Place of Business
CORPORATE TECH CENTER
2875 C SOUTH CONGRESS AVE
DELRAY BEACH FL 33445

Mailing Address
CORPORATE TECH CENTER
2875 C SOUTH CONGRESS AVE
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 07/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 101 S Congress Ave
Suite, Apt. #
22 #C
City, State
23 Delray Beach Fl
Zip, County
24 33445-4605 25

2a. Mailing Address
26 101 S Congress Ave
Suite, Apt. #
27 #C
City, State
28 Delray Beach Fl
Zip, County
29 33445-4605 30

4. FEI Number: 65-0353645
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 elected to be taxed under S Subchapter of the Internal Revenue Code [ ] Yes [X] No

9. Name and Address of Current Registered Agent
BYRNES, JOHN
18956 LA CASTA LANE
BOCA RATON FL 33428

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 607.0505, 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. Florida is not the appointment as registered agent. I am familiar with and accept the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TD
NAME: BYRNES, JOHN
18956 LA CASTA LN
BOCA RATON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
P/S
[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as registered agent, if I am resigning as such agent, in accordance with Section 607.0505, Florida Statutes.

SIGNATURE: 2/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0307025 CP