

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V73910**

(4)

1. Corporation Name
ELI'S AUTO CLINIC, INC.

FILED
-95 JAN 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

553 MISSION RD.
ORLANDO FL 32808

Mailing Address

553 MISSION RD.
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

Country

28

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NUNEZ, ELIGIO
1903 LESLIE ANN LANE
OCOOE FL 34761

3. Date Incorporated or Qualified
10/22/1992

3a. Date of Last Report
05/31/1994

4. FEI Number
59-3149411

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	NUNEZ, ELIGIO	1903 LESLIE ANN LANE	OCOOE FL
D	NUNEZ, JUANA	1903 LESLIE ANN LANE	OCOOE FL

DATE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	1.3 STREET ADDRESS
	1.4 CITY-ST-ZIP
	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.3 STREET ADDRESS
	2.4 CITY-ST-ZIP
	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.3 STREET ADDRESS
	6.4 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 110.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE: *[Signature]* / **ELIGIO NUNEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-95 407 291-4247
Date City/State