E 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

APPROVED
AND
FILED

DOCUMENT # **G82931** **(8)**

1. Corporate Name
STEW FIRLOTTE STABLE, INC.

Principal Place of Business	Mailing Address
1905 LEE RD. %JOHN V.A. HOLMES ORLANDO FL 32810	1905 LEE RD. %JOHN V.A. HOLMES ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1984	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1810038	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. The corporation is subject to the provisions of Chapter 607, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
24 25	29 30

9. Name and Address of Current Registered Agent

HOLMES, JOHN V.A.
811 N. MAGNOLIA AVENUE
ORLANDO FL 32803-3868

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 607.325 and/or 608.4101, 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 (or familiar with and accept the obligations of section 607.325 or 608.4101, Florida Statutes).

SIGNATURE

12. OFFICER AND DIRECTOR(S)	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR(S)
DP FIRLOTTE, STEWART M. 1905 LEE ROAD ORLANDO FL	☐ Change ☐ Addition
D FIRLOTTE, DONNA JOANNE 1905 LEE ROAD ORLANDO FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is absolutely true and correct, and does not qualify for the exemption stated in Section 119.07(3)(i), 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 above, or on an attached sheet, with any address.

SIGNATURE: Stewart M. Firlotte
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

April 26/95 407 299-4006
DATE DAYTIME TELEPHONE NUMBER

0069203 CP

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 # G85222 (9)

1. Corporation Name
ADVANCED BRAKE & ALIGNMENT SPECIALTIES, INC.

Principal Place of Business
555 NORTH HIGHWAY 17 & 92
LONGWOOD FL 32750

Mailing Address
555 NORTH HIGHWAY 17 & 92
LONGWOOD FL 32750

APPROVED AND FILED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2388066 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

SCHMIDT, ALFRED, JR.
920 CARIBBEAN PLACE
CASSELBERRY FL 32707

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 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

TITLE	PD
NAME	SCHMIDT, ALFRED, JR.
STREET ADDRESS	920 CARIBBEAN PL.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	VD
NAME	SCHMIDT, DONALD R.
STREET ADDRESS	920 CARIBBEAN PL.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	STD
NAME	SCHMIDT, E. JEAN
STREET ADDRESS	920 CARIBBEAN PL.
CITY-ST-ZIP	CASSELBERRY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
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 119.07(1)(i), 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: CO E. Jean Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 407-695-3771
DATE PHONE #

0040842 CP

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 # G86415 (8)

1. Corporation Name

NOR INVESTMENT, INC.

Principal Place of Business	Mailing Address
% FREDERICK C. KRAMER 950 N COLLIER BLVD MARCO ISLAND FL 33937-9725	% FREDERICK C. KRAMER 950 N COLLIER BLVD MARCO ISLAND FL 33937-9725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1984
3a. Date of Last Report: 07/15/1994
4. FEI Number: 59-2375254 — 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 / 2a. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

9. Name and Address of Current Registered Agent

KRAMER, FREDERICK C.
950 NORTH COLLIER BLVD
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOEGH, CARL P.
STREET ADDRESS	PARKVEIEN 55
CITY-ST-ZIP	0201 OSLO 2, NORWAY
TITLE	STV
NAME	BERGERSEN, ALF
STREET ADDRESS	16 WEST HARRISON ST #204
CITY-ST-ZIP	SEATTLE WA
TITLE	AS
NAME	KRAMER, FREDERICK C
STREET ADDRESS	440 COTTAGE
CITY-ST-ZIP	MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST: ☐ Change ☐ 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: (ALF A BERGERSEN) 4-27-95 206 285-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0325203 CP