## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K54116

(4)

Mailing Address

ENGINE REBUILDERS OF STUART, INC.

FILED
Apr 30 1997 8:00am
Secretary of State

_   CB#(#)   #8  #3		OPEN DIGH DI	1

STUART FL 34 US		C/O WILLIAM T. ALEXANI 86 S SEWALLS PT RD STUART FL 34996-6438	DER		Date Incorporated or Qualified     12/28/1988	3a. Date of Las	•
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26		AP 0000400		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5		5 Additional	
<u> 22 3058</u>	SE Monroe St	27			Certificate of Status Desired		Required
City & Stat	te '	City & State			6. Election Campaign Financing	\$5.0	May Be
23		28	<b>.</b>		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	<i>!</i>	8. This corporation has liability fo	r intangible tax unde	rs. 199.032,
24	25	29	30			Yes No	<del>-</del>
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New R	egistered Agent	
	XANDER, WILLIAM T.		81	Name			
	S SEWALLS PT RD		82	Street Add	dress (P.O. Box Number is Not Accepta	ible)	
STL	JART FL 34996						
			83				
			84	City		<b></b> 85 Z	in Code
				,	rporation submits this statement for the alron's board of directors. I hereby according	FLIT	,
SIGNATURE	Signature, typed or punted name of registered age OFFICERS AND		t Registered Age	ent signature <b>re</b> qu	ared when registating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
TITLE	PD	□ DELETE	1.1 JII (F	1		☐ Chang	
NAME	ALEXANDER, WILLIAM T.		1.2 NAME				
STREET ADDRESS	86 S SEWALLS PT RD		1.3 \$1REE !	ADDRESS			
CITY-ST-ZIP	STUART FL		1.4 CHTY - S	51 - 7IP			
TITLE	STD	DELETE	2.1 TITLE			Chang	e Addition
NAME	ALEXANDER, SALLIE		2.2 NAME				
STREET ADDRESS	86 S SEWALLS PT RD		2.3 \$1REET	ADDRESS			
CITY-ST-ZIP	STUART FL		2. 4 CITY-	S1 · ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Chang	e 🔲 Addition
NAME	BIEHL, SARAH A		3.2 NAME				
STREET ADDRESS	86 S SEWALLS PT RD		3.3 S1REE1	ADDRESS			
CITY-ST-ZIP	STUART FL		34 CITY-	S1-71P			
TITLE	D	☐ DECETE	4.1 TOLE			☐ Chang	e 🔲 Addition
NAME	ALEXANDER, WILLIAM T.,JR		4.2 NAME				
STREET ADORESS	86 S SEWALLS PT RD		4.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL		4.4 CITY- S	1-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	ADORESS			
CITY-ST-ZIP			5.4 CHY-S	T - ZIP			
TITLE		DELETE	6 1 TITLE			Chang	e Addition
NAME			6.2 NAMI				
STREET ADDRESS			63 STREET	ADDRESS			
OTV OT 310							

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

CIONATURE, OA

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