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

STREET ADDRESS

SIGNATURE.

CITY - ST - ZIP

Feb 10 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L15915 (6)AFFORDABLE AUTOMOTIVE EQUIPMENT, INC. Principal Place of Business Mailing Address C/O WILLIAM VENDITTO C/O WILLIAM VENDITTO 428 BARRY STREET 428 BARRY STREET DO NOT WRITE IN THIS SPACE ORLANDO FL 32808 ORLANDO FL 32808 3. Date Incorporated or Qualified 09/14/1989 2. Principal Place of Business 2a. Mailing Address Applied For 428 Barry 428 Barry 94 59-2973336 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be ORLundo Fla 23 Trust Fund Contribution Added to Fees ORIANDO 32808 Country Country 8. This corporation owes or has paid the current year Intangible 25 USA 30868 USA Yes Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VENDITTO, WILLIAM **428 BARRY STREET** 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 83 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE area of region to dia post confitte if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE VENDITTO, WILLIAM E. NAME 1.2 NAME 5195 TALLOW WOOD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 14 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE BRISBOIS, PHIL 22 NAME NAME 10204 SEMINOLE ISL DR STREET ADDRESS 23 STREET ADDRESS SEMINOLE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE __ Addition 4.1 TITLE Change TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DECETE 51 TITLE Change NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP Addition DELETE ☐ Change TITLE 61 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

2-3-98

407-291-7554

14. Thereby 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 suppliescental account is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conjugation or the receiver or Insiste 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.

FILED