FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000048547 (2)**

1. Corporation Name

SOUTHEASTERN AUTOMOTIVE SPECIALTIES, INC.

Principal Place of Business

P.O. BOX 151297
ALTAMONTE SPRINGS FL 32715
US

Mailing Address

660 PALM SPRINGS DR.
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

21 498 PALM SPRINGS DRIVE
22 SUITE 345
23 ALTAMONTE SPRINGS, FL.
24 32701 25 U.S.

2a. Mailing Address

26 P.O. BOX 151297
27 —
28 ALTAMONTE SPRINGS, FL.
29 32715 30 US

3. Date Incorporated or Qualified: 07/12/1993

3a. Date of Last Report: 03/03/1995

4. FEI Number: 59-3191293 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent

BATTEN, FLOYD F
660 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name — SAME —
82 Street Address (P.O. Box Number is Not Acceptable) 498 PALM SPRINGS DRIVE
83 SUITE 345
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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.

12. OFFICERS AND DIRECTORS

PD
BATTEN, FLOYD F
660 PALM SPRINGS DR.
ALTAMONTE SPRINGS FL
VPD
BATTEN, FLOYD F II
3031 LORMAN DR.
JACKSONVILLE FL

[ ] DELETE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

-SAME- [X] Change [ ] Addition
-SAME-
498 PALM SPRINGS DRIVE, SUITE 345
ALTAMONTE SPRINGS, FL. 32701

[ ] Change [ ] Addition
— SAME —

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is a 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 in an attachment with an address.

SIGNATURE: F F Batten, F F BATTEN, PRESIDENT 1/23/96 (407)831-8080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)