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

CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000011285 (0) **DOCUMENT** #

NEW AGE AUTOMOTIVE DESIGNS, INC.

Principal Place of Business Mailing Address 3835 SABA COURT 3835 SABA COURT **PUNTA GORDA FL 33950 PUNTA GORDA FL 33950** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0561990 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, otc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Zip Country Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARTNER, MARCO 3835 SABA COURT 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 84 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 tele if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE HARTNER, MARCO 1.2 NAME NAME 3835 SABA COURT 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33950** 1.4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition 21 THUE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHY-ST-ZIP CITY - ST - ZIP ☐ Change Addition DELETE 4.1 TITLE

6.4 CITY - \$1 - ZIP CITY - ST - ZIP 14. I 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 only attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DLLETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME

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Change

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Addition

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Jan 20 1998 8:00am

Secretary of State