

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

FILED

**Apr 30 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000085669 (4)
1. Corporation Name
AAA ALTERNATOR & STARTERS, INC.



Principal Place of Business: **5020 3RD STREET WEST BRADENTON FL 34207**
Mailing Address: **5620 3RD STREET WEST BRADENTON FL 34207**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5129 53rd Ave E S.R. 70 Bradenton FL**
2a. Mailing Address: **P.O. Box 20546 Bradenton, FL**
22. Suite, Apt. #, etc.: **S.R. 70**
23. City & State: **Bradenton FL**
24. Zip: **34203** 25. Country: **Manatee**
26. Suite, Apt. #, etc.: **same**
27. City & State: **Bradenton, FL**
28. Zip: **34204-0546** 29. Country: **MANATEE**

3. Date Incorporated or Qualified: **10/02/1997**
4. FEI Number: **65-0787967**
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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**GARST, CLAFLIN JR
4804 MANATEE AVENUE WEST
BRADENTON FL 34209**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, LARRY J	1.2 NAME	
STREET ADDRESS	12941 S.W. 14TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPKIN, LEONARD E	2.2 NAME	
STREET ADDRESS	5620 3RD STREET WEST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34207	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, EDWARD	3.2 NAME	
STREET ADDRESS	11255 MARTIN BLVD. N.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL 33471	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: *V.B. Hall* H.949c 9/4/97-7974413

CP2E034 (10/97)