

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90059 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000007806**

1. Corporation Name  
**A.G.A. AUTOMOTIVE, INC.**



Principal Place of Business 8727 CARLYLE AVENUE SURFSIDE FL 33154	Mailing Address 8727 CARLYLE AVENUE SURFSIDE FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>500 GRACE AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>500 GRACE AVE</b> Suite, Apt. #, etc.
22 City & State 23 <b>HAINES CITY, FLA</b>	27 City & State 28 <b>HAINES CITY, FLA</b>
24 Zip <b>33844</b> 25 Country <b>USA</b>	29 Zip <b>33844</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/26/1998</b>
4. FEI Number <b>65-0810625</b> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**APPELROUTH, STEWART L**  
**999 PONCE DE LEON BLVD.**  
**SUITE 625**  
**CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 X (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTS ANE, ALEX</b>	<input type="checkbox"/> DELETE
NAME	<b>8727 CARLYLE AVENUE</b>	
STREET ADDRESS	<b>SURFSIDE FL 33154</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PTS ANE, ALEX</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>500 GRACE AVE</b>	
1.3 STREET ADDRESS	<b>HAINES CITY, FLA 33844</b>	
1.4 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, with all other like empowered.

SIGNATURE: *[Signature]* 2/7/99 941-419-9494  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)