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PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 317161

(8)

FLORANADA AUTOMOTIVE, INC.

FILED

May 05 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1040 NORTHEAST 44TH ST 1040 NORTHEAST 44TH ST FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/26/1967 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-1166166 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible 30 XX Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 EVERETT, ALBERT 1040 N.E. 44TH ST 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 83 Zip Code 84 City 85 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, typind or prictorl name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change TITLE **EVERETT, ALBERT** NAME 1.2 NAME 1040 N.E. 44TH ST. STREET ADDRESS 1.3 STREET ADDRESS **FORT LAUDERDALE FL** 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS .63 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling cloes 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.

ALBERT EVERETT

W-20-90