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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 438806

Apr 03 1998 8:00am Secretary of State

FILED

| AMICRICAN AUTO | BOP7, 700 | • | | |
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| Principal Place of Business | Mailing Address | | | |
| 1313 HWY 27 NORTH | 1313 HWY | 27 NORTH | | |
| 10101101 64 0000 | | / 20 = 20 | DO NOT WRITE IN THIS SPACE | |
| SEBRING, FLA. 33870 SEBRING, FLA. 33 | | 4.53870 | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| | | | 10/24/1973 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number Applied I | For |
| 21 | 26 | | 59 -1493772 Not Appl | |
| Suite, Apt. #. etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired S8.75 Addition | |
| 22 | 27 | | 5. Certificate of Statos Desired Fee Required | ı |
| City & State | City & State | | 6. Election Campaign Financing \$5.00 May B | . e |
| 23 | 28 | 1 2 | Trust Fund Contribution | |
| Zip Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible | е |
| 24 25 9. Name and Address of Currer | 29 nt Registered Agent | 30 | Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent | |
| | | 81 Name | 19. Hanne and Address of their negligiered Agent | |
| MCCOLLUM CJAMES | トトノ | | | |
| | AVE. | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| 129 S. COMMERCE | "VE" | 83 | | |
| SKBRING, FLA. 3 | 2200 | | | |
| SMOKING, PLH. | 30 10 | 84 City | FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliging | 2 and 607,1508, Florida Statut of Florida, Such change was a ations of Section 607,0505, Florida | tes, the above-named cor authorized by the corpora oride Statutes | rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as register | tered red |
| SIGNATURE | | | | |
| | | | | |
| Signature, typed or printed name of registered age | ent and title if applicable. (NOT | E: Registered Agent signature requ | uired when reinstating] OATE | — |
| Signature, typed or printed name of registered age 12. OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| Signature. Typed or printed name of registered age 12. OFFICERS AN | D DIRECTORS DELETE | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 2 ddition |
| 12. OFFICERS AN ITTLE PROPERTY OFFICERS AN KRYSCUK, ROY | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. OFFICERS AN 11. PR NAME RAYSCUK, ROY STREET ADDRESS 6/25 WILSON TER | D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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respecy versity that the morrhalon supplied with this timing does not quality for the exemption stated in Section 119.01(3)(i). Fior da Statutes I further certify that the international report is true and accurate and that my signature shall have the same legal effect as I made under bath that laminary process of director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed origin an attachment with an address

SIGNATURE: