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SIGNATURE:

Jan 20 1998 8:00am PROFIT FLORIDA DEPARTMÊNT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (6)536254 WEBER WHEEL ALIGNMENT, INC. Principal Place of Business Mailing Address 5323 GEORGIA AVE. 5323 GEORGIA AVE. W PALM BEACH FL 33405 W PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1736455 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes □ No 24 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUSSELL, JAMES E 5323 GEORGIA AVENUE Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33405 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. Stgnature, typed or printed name of registered agent and title if applicable gistered Agent signature required when reinstating OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES OFFICERS AND DIRECTORS IN 12 13. DELETE PΠ Addition TITLE 1.1 TITLE Change RUSSELL, JAMES E 32E034 NAME 1.2 NAME 5323 GEORGIA AVENUE 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE RUSSELL, JOYCE W NAME 2.2 NAME 4840 MISTY PINES TRAIL 2.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 2. 4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 3 1 TITLE TITE F NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY - ST - ZIP DELETE ___ Change Addition TITLE 41 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY: ST-ZIP CITY-ST-ZIP DELETE ☐ Change ___ Addition 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 4. 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 13 if clighged, or on an attachment with any address.

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