
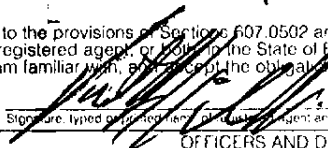
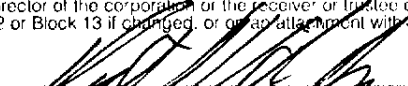


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 608 258 1. Corporation Name MASTINA, INC. dba AAMCO TRANSMISSIONS					
Principal Place of Business		Mailing Address			
AAMCO TRANSMISSIONS 1212 PONCE DE LEON BROOKSVILLE, FL 34601					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/29/79	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1902249	
City & State		City & State		5. Certificate of Status Desired	
23		28		7	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STEFANO MANIACI 9481 PATRICK ST. BROOKSVILLE, FL 34601			81 Name ROBERT J. HIGDON, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 15046 FIELDCREST LANE 83 84 City BROOKSVILLE FL 85 Zip Code 34613		
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					
11 TITLE PRESIDENT 12 NAME ROBERT J. HIGDON, JR.					
13 STREET ADDRESS 15046 FIELDCREST LANE					
14 CITY-ST-ZIP BROOKSVILLE, FL 34613					
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP					
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP					
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP					
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP					
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP					
14. I do 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 as an attachment with an address.					
SIGNATURE:  05/27/97 (352) 799-1111					

CR2E034 (9/96)