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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 630790

(4)

AUTOMOTIVE CLUTCH REBUILDERS, INC. Principal Place of Business Mailing Address 1807 N FRANKLIN ST TAMPA FL 33602 US US								
US					3. Date incorporated or Qualified 07/25/1979	3a. Date 05/01	of Last R /1996	eport
2. Principal 21	Prace of Business	2a. Mailing Address 26			4. FEI Number 59-1966393			plied For LApplicable
Suite, Ap	l #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Sta	ale	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip	Country 25	Zip (29)		try	This corporation has liability for Florida Statutes	intangible ta:		199.032,
24	9. Name and Address of Cure		30		10. Name and Address of New Re			1,01 1.0 ₀₀₀
PIMM, WAYNE S				Name				
	322 DIPLOMAT DR		 	32 Street Add	Iress (P.O. Box Number is Not Acceptal	ble)		
TA	MPA FL 33613		Į.					
			['	83				
			Ī	City		FL	85 Zip (Code
office or agent. I SIGNATURE	Signature: typod or printed name of registered				poration submits this statement for the pation's board of directors. I hereby accelled when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE	PO			E	7.0011101070174102010 01110		Change	Addition
NAME	PIMM, WAYNE S.	1.2		AE				
STREET ADDRESS				eet address				
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			T Oheren	1 delibration
THLE	ST FARFANTE, PEGGY	-				L.	Change	Addition
NAME STREET ADDRESS	A S A S ASSESS AT		2.2 NAM	EET ADDRESS				
CHY-ST-ZIP	TAMPA FL			Y-ST-ZIP				
TITLE	V	DELETE	3.1 TITL			L	Change	Addition
NAME	FARFANTE, JOE	- ,	3.2 NAM	AE				
STREET ACIDRESS	*****	3.3		EET ADDRESS				
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			1 01	4500
TITLE		DELETE	4.1 TITE	i		ا	Change	L Addition
NAME STREET ADORESS			4.2 NA	EET ADDRESS				
CITY - ST - ZIP	`			r-ST-ZIP				
TITLE		DELETE	5.1 TITL	····			Change	Addition
NAME			5.2 NAM				-	
STHEET ADDRESS	5		5.3 STR	EET ADDRESS				

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 reverse 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.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Wayne June WAYNE IN

DELETE

4-25-57

813-228-7260

Change

Addition

FILED

May 05 1997 8:00am

Secretary of State