FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 631138 (5) INJECTOR REBUILDING SERVICES, INC. Principal Place of Business Mailing Address 5179 SOUTH U.S. 27 5179 SOUTH U.S. 27 P.O. BOX 425 P.O. BOX 425 DO NOT WRITE IN THIS SPACE SOUTH BAY FL 33493 SOUTH BAY FL 33493 3. Date Incorporated or Qualified 07/27/1979 4. FEI Number 2. Principal Place of Business Applied For 2a. Mailing Address Not Applicable 59-1944600 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name HALL, RAYFORD E., SR. 5179 SOUTH U.S. HIGHWAY #27 Street Address (P.O. Box Number is Not Acceptable) 82 SOUTH BAY FL 33493 83 84 City 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, or both, or 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 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 TITLE Change Addition NAME TARTER, MARSHIA L. 1.2 NAME 635 E. PASADENA AVE. STREET ADDRESS 1,3 STREET ADDRESS CLEWISTON FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME HALL, MARSHIA N. 2.2 NAME 5179 SOUTH U.S. #27 STREET ADDRESS 23 STREET ADDRESS SOUTH BAY FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE BITLE HALL, RAYFORD E.,SR. NAME 3.2 NAME 5179 SOUTH U.S. #27 STREET ADDRESS 3.3 STREET ADDRESS SOUTH BAY FL CITY-ST-7iP 3.4. CITY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

14. Thereby cortify 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 suppliemental 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

Kaylna

CITY-ST-ZIP

RAYFORD E. HALL Se 247elg8 561-996-5986