SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

653297

(2)

| 1. Corporation | on Name | 3 23 1 | (2) | | | | | | |
|--|---|--|---|--------------------------------|--|---|---|-------------------------|--|
| PRECI | SION BRAKE & TIRE | , INC. | | | | | | | |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | T PROBLEM DILEM DEFINE HINTO HOTEL FORTH FOR | FIBIL BLOS QUOIL BIOLI BIOLI BI | JH 1001 | |
| 2534 STICKN SARASOTA I | IEY POINT ROAD FL 34231 | | 2534 STICKNEY POINT ROAD SARASOTA FL 34231 | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Repo | ort 110 | |
| | | | | | | 01/01/1980 | 08/08/1995 | | |
| ├ ──┐ | Place of Business | ├ ─┐ | 2a. Mailing Address | | | 4. FEI Number | | ed for | |
| Suite, Apt #, etc | | 26 | Suite, Apt #, etc. | | | 59-1958150 | | applicable | |
| 22 Suite, Apr | #, etc | ├ ─┐ | 27 | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & Sta | le | | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | 28 | | | Trust Fund Contribution Added to Fees | | | |
| Zip | Country | | Zip Cou | | y | 8. This corporation has liability for intangible tax under s. 199 032. | | 9.032. | |
| 24 | 9. Name and Address of Current Reg | | <u> </u> | | | | Yes No | | |
| | | of Current Registered | Agent | B1 | Name | 10. Name and Address of New Reg | Istered Agent | | |
| KOERNER, MICHAEL 2534 STICKNEY POINT ROAD | | | | 82 | | Add to (OO Oo Alexander) | | | |
| | NA STICKNET POINT HU NRASOTA FL 34231 | JAU | | | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| | ANODIN I E O4501 | | | | | | | i | |
| | | | | 84 | City | | 85 Zip Coi | de | |
| | | | | | FL 89 2.17 Code is above-named corporation submits this statement for the purpose of changing its registered | | | | |
| 11. Pursuant office or | to the provisions of Section registered agent, or both, in | s 607.0502 and 607.15 the State of Florida St | 08, Florida Statut ich change was a | es, the above authorized by | e-named corporate the corporate | poration submits this statement for the purion's board of directors. Thereby accept | rpose of changing its reg the appointment as regis | gistered stered | |
| agent I | am familiar with, and accept | the obligations of. Sec | tion 607.0505. Fli | orida Statutes | 3 | | | | |
| SIGNATURE | Signature, typed or profed name of r | egistered agent and title if appli | cative (NO | Tt. Hegistered Ag | ent signalure requ | ared when remstating | Ĺ)AlÉ | | |
| 12. | | CERS AND DIRECTOR | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS I | N 12 6 | |
| TITLE PT | | | DELETE | 1 t TITLE | | | Change | _ Addition ලි | |
| NAME | KOERNER, MICHAEL | . B. | 1.2 NAME | | | | | 8 | |
| STREET ADDRESS | 4312 HIGEL AVE. | | | | FANDRESS | | | Addition CBZE034 (3/96) | |
| CITY-ST-ZIP TITLE | SARASOTA FL | DELETE | 14 CITY | ST-ZIP | | Change | Addition C | | |
| NAME | SV L KOERNER, MAXINE P. | | | 2 1 111LE 2 2 NAME | | | L Change L |] 70011101 | |
| STREET ADDRESS 4312 HIGEL AVE. | | | | | : ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL | | | | ST-ZIP | | | | |
| TITLE | J | | | 3 1 THTLE | | | Change | Addition | |
| NAME | AME | | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | 3.3 STHEE | 1 ADDRESS | | | | |
| CITY - ST - ZIP | | | T | 34 CITY | S1 - ZIP | | | | |
| TITLE | | | DELETE | 4 1 TITLE | | | Change | Addition | |
| NAMF | | | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP TITLE | | | DELETE | 4 4 CITY | 21 · ZIP | | Change | Addition | |
| NAME | | | L | 5.2 NAME | | | F1 5. 2. 3. 4 | , | |
| STREET ADDRESS | | | | | 1 ACORESS | | | | |
| CITY-ST-ZIP | | | | 5 4 CITY - | | | | | |
| TITLE | | | DELETE | 6 1 TITLE | | | Change | Addit on | |
| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | 6 3 STREE | FADDRESS | | | | |
| CITY - ST - ZIP | | | | 6 4 CITY | ST-ZIP | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily formished and does not qualify for the exemption stated in Section 1.19.07(3)(k). 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 eath. It am an off-cer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96 941-922 8000