


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90211 040 ***150.00

DOCUMENT # F01000003500						
1. Entity Name THE AFTERMARKET GROUP, INC.						
Principal Place of Business 6092 CLARK CENTER AVENUE SARASOTA, FL 34238			Mailing Address C/O INVACARE CORPORATION ONE INVACARE WAY ELYRIA, OH 44035			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 31-1632048		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City			
FL			Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD	NAME BLOUCH, GERALD B		<input type="checkbox"/> Delete	TITLE V	NAME FOX, JR., JEROME E.	
STREET ADDRESS ONE INVACARE WAY	ELYRIA, OH 44035		<input type="checkbox"/> Change	STREET ADDRESS ONE INVACARE WAY		
CITY-ST-ZIP ELYRIA, OH 44035	ELYRIA, OH 44035		ELYRIA, OH 44035			
TITLE ST	NAME THOMPSON, GREGORY C		<input type="checkbox"/> Delete			
STREET ADDRESS ONE INVACARE WAY	ELYRIA, OH 44035		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP ELYRIA, OH 44035	ELYRIA, OH 44035		ELYRIA, OH 44035			
TITLE D	NAME MIXON, A. MALACHI III		<input type="checkbox"/> Delete			
STREET ADDRESS ONE INVACARE WAY	ELYRIA, OH 44035		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP ELYRIA, OH 44035	ELYRIA, OH 44035		ELYRIA, OH 44035			
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete			
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete			
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME	STREET ADDRESS		<input type="checkbox"/> Delete			
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____			
440-329-6000			Daytime Phone #			