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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F41544

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DRIVESHAFT SPECIALISTS, INC.

FILED
Apr 22 1997 8:00am
Secretary of State

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					HAN AND BURN BURN AND AND AND BURN
Principal Place of Business Mailing Address					
1910 US HWY -2033 MAIN ST TAMPA FL 336		% LAWRENCE M HANKIN. ES 2033 MAIN ST SARASOTA FL 34237-8056	SO		
US	•	CHINACINI LE CIERT COCC		3. Date Incorporated or Qualified 08/24/1981	3a. Date of Last Report 02/27/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	A. A. L	26 1910 U.S.	Hwy 301 N	- 59-2163406	Not Applicable
Suite, Apt	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Tampa, FL		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curren	29 33619 3	0]	Florida Statutes 10. Name and Address of New Reg	Yes No
1156	·····	r vedisteled Wallt	81 Name		
	IKIN, LAWRENCE M., ESQ.			John F. Sharkey, J	c •
	3 MAIN ST., #400		82 Street Ad	dress (P.O. Box Number is Not Acceptab Charles MacDonald I	le)
SAH	ASOTA FL 34237		83	Charles MacDonald 1	DIIAE
				el Oaks	
			84 City	anto	FL 85 Zip Code
11 Parsuant	to the provisions of Strations 607.050	2 and 607.1508. Florida Statutes	the above-named c	SOTA orporation submits this statement for the p	urpose of changing its registered
office or r	egistered agent, or both, in the State	of Florida Such change was au	thorized by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	t the appointment as registered
agent. La	irn familiar with, and accept the obliga-	ations or, Seption 607.0505, Flori	da Majules.		110/00
SIGNATURE	Signature typical optimized name of registined age	ent and titlu of annicable NOTE:	gistered Agent signature re	quired when reinstating)	DATE 9
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITUE	ST	DELETE	1.1 TITLE		Change Addition
NAME	SHARKEY, JOHN F III		1.2 NAME		
STREET ADDRESS	117 WOODED HEIGHTS DR		1.3 STREET ADDRESS	1005 Grassy Hill La	ano
CiTY-SY-7IP	CAMILLUS, N Y 00000			Camillus. NY 130	
TITLE	V	☐ DELETE	2.1 TITLE	VIIII	Change Addition
NAMÉ	VAN DUSER, ALEX J		2.2 NAME		
STREET ADDRESS	192 MAXWELL RD		2.3 STREET ADDRESS	4345 Maxwell Rd.	
CITY-ST-ZH	CALEDONIA, N Y 00000	•		Caledonia NY 14	123
TITLE	P	☐ DELETE	3.1 TITLE		Change Addition
NAME	SHARKEY, JOHN F JR		3.2 NAME		
STREET ADORESS	1910 U S HWY 301 N		3.3 STREET ADDRESS	3321 Charles MacDon	nald Drive
C(1Y+S1+Z)P	TAMPA, FL 00000			Sarasota. FL 342	10
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST-ZIP			4.4 CITY-ST-ZIP		
1:11.6		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-709			5.4 CITY+ST-ZIP		
TILE		☐ DELETE	6.1 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP			6.4 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 supplied 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 occurrence of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND EXPED OR PR