**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

DOCUMENT # F62916 (4)

1. Corporate Name
AUTO KOOL DISTRIBUTORS, INC.

MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2053 N STATE RD 7
MARGATE FL 33063

Mailing Address
2053 N STATE RD 7
MARGATE FL 33063

FOR OFFICE USE ONLY

3. Date Incorporated or Qualified: 01/08/1982
3a. Date of Last Report: 04/26/1994

2. Mailing Address
21
2a. Mailing Address
26

4. FEI Number: 59-2153210
Applied For
Not Applicable

State Agt. # or
22
State Agt. # or
27

5. Certificate of Status Desired
$8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contribution
$5.00 May Be Added to Fees

24 25 29 30

8. Does corporation elect to be governed by Section 607.1908 Florida Statutes? Yes No

9. Name and Address of Current Registered Agent
COLLINS, JUDITH
2053 NORTH STATE ROAD 7
MARGATE FL 33063

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.150 Florida Statutes, the above named corporation submits the statement of changing its registered office or registered agent or both in 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 hereby accept the obligations of Section 607.150 Florida Statutes.

SIGNATURE: Judith Collins JUDITH COLLINS 4-24-95
(Type or Print Name of Registered Agent)

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS |
|---|---|
| TITLE ST<br>NAME COLLINS, JOHN<br>STREET ADDRESS 2053 N STATE ROAD 7<br>CITY MARGATE FL | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |
| TITLE PD<br>NAME COLLINS, JUDITH<br>STREET ADDRESS 2053 N STATE ROAD 7<br>CITY MARGATE FL | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |
| TITLE VP<br>NAME MADISON, WILLIAM<br>STREET ADDRESS 2053 N. STATE ROAD 7<br>CITY MARGATE FL | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP |

14. I hereby certify that the information supplied with this report is accurate and 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 is certified 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 12 or Block 13 hereof or is attached with an address.

SIGNATURE: Judith Collins JUDITH COLLINS 4-24-95 305 974-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President / Director

0166819 CP