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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

F93000002253 (3) **DOCUMENT #**

| ACL AUTOMOTIVE AMERICA INC. | | | | | | | | | |
|---|--|-------------------------------------|--|----------------|---------------|---|------------------|----------------------------|------------------------|
| Principal Place | of Business | Mailing Address | | | | 1 1281128 (118 12188 11511 2011) BESS | ABIN BOIL | ***** ***** */** | . 2196 till 1861 |
| 2488 TUCKE TUCKER GA | rstone parkway 30064 | 2488 TUCKERSTONE TUCKER GA 30084 | 8 TUCKERSTONE PARKWAY CKER GA 30084 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 05/13/1993 | | te of Last Re 03/14/19: | |
| 2. Principa' Pla | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | L | | upplied For |
| 21 | | 26 | | | | 58-1913094 | | | lot Applicable |
| Suite, Apt 4 | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | T | Additional Required |
| 22 | | (St., 8, St.) (c) | | | | • Floation Committee Empaging | | | |
| City & State | 2 | Orty & State | | | | Election Campaign Financing Trust Fund Contribution | | , | May Be I to Fees |
| 23 Zip | Country | 7 _{(p} | Cou | ntry | - | 8. This corporation has liability for it | ntangible | | |
| 24 | 25 | 29 | 30 | • | | Florida Statutes | No. | | |
| | g. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New R | egistered | Agent | |
| | | | | B1 | Name | | | | |
| C T CORPORATION SYSTEM | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | l o) | | |
| 1200 SOUTH PINE ISLAND ROAD | | | | | | | | | |
| PLANTA | ATION FL 33324 | | | 83 | | | | | |
| | | | | 84 | City | | F | 85 Zıç | Code |
| | | | | Ll | | ration submits this statement for the pur | | | anistared office |
| or register familiar wi SIGNATURE | ad agent, or both, in the State of Florid th, and accept the obligations of Section Signature typed or printed hards of registered agent | ion 607.0505, Florida Statute: | 5. | | | and of directors. Thereby accept the appoint | יולאם. | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AN | | RS IN 12 |
| TiTLE | PD | ☐ DELETE | 1 1 T | : 1 1 THILE | | | | Change | Addition |
| NAME | PEARSE, ANTHONY T | | 12N | AME. | | | | | |
| STREET ADDRESS | 2488 TUCKERSTONE PARKY | WAY | 138 | TREET | ADDRESS | | | | |
| CITY - ST - ZIP | TUCKER GA 30084 | | | ITY - S | I - ZIP | | | Chann: | - Addition |
| THLE | VSTO DELETE | | | 1716 | | | | ☐ Change | Addition |
| NAME | PETERSEN-TUCKER, SUSAN | | 22 N | | | | | | |
| STREET ADDRESS | 2438 TUCKERSTONE PARK | WAY | | | ADORESS | | | | |
| CITY-ST ZIP | TUCKER GA | DELETE | 24C | ITY-S | T-ZIP | | | Change | Addition |
| TITLE | CD IAMES NAM D | | | | | | | L_I Shange | |
| NAME | JAMES, IVAN D 220 COVENTRY STREET | | 32N | | ADURESS | | | | |
| STREET ADDRESS | SOUTH MELBOURNE, AUST | TDAI IA | | | ĺ | | | | |
| CITY - ST - ZIP | D D | DELETE | 4.1 | ITY-S TITLE | 1 - /11 | | | Change | Addition |
| TITLE | SAWARD, MICHAEL J | Поссен | 421 | | | | | | |
| NAME STREET ADDRESS | 220 COVENTRY STREET | | | | ADDRESS: | | | | |
| | SOUTH MELBOURNE, AUST | TRALIA | | | 7-7IP | | | | |
| CITY-ST-ZIP TITLE | D | DELETE | 5.1 | | | | | Change | Addition |
| NAME | COX, STEPHEN J | 1 | | IAME | | | | | |
| STREET ADDRESS | 2488 TUCKERSTONE PARK | WAY | | | ADDRESS: | | | | |
| CITY-ST-ZIP | TUCKER GA 30084 | | | | ST-ZIP | | | | |
| TITLE | | DELETE | | TITLE | | | | Change | Add-tion |
| NAME | | _ | 621 | IAMÉ | - | | | | |
| STREET ADDRESS | | | 635 | STREET | ADDRESS | | | | |
| amee. Application | | | | | | | | | |
| CITY-ST-ZIP | | | ■ 641 | DITY - S | 1-7P I | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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; 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 13 if changed, or on an attachment with an address.

SIGNATURE: Susar Puttus Lucker Sus SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Petersen-Tucker 4/17/96

770-491-3935