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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002253 (3)

1. Corporation Name

ACL AUTOMOTIVE AMERICA INC.



Principal Place of Business

2488 TUCKERSTONE PARKWAY
TUCKER GA 30084

Mailing Address

2488 TUCKERSTONE PARKWAY
TUCKER GA 30084-3813

3. Date Incorporated or Qualified

05/13/1993

3a. Date of Last Report

04/24/1996

4. FEI Number

58-1913094

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person performing as registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARSE, ANTHONY T	
STREET ADDRESS	2488 TUCKERSTONE PARKWAY	
CITY-STATE-ZIP	TUCKER GA 30084	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	PETERSEN-TUCKER, SUSAN	
STREET ADDRESS	2438 TUCKERSTONE PARKWAY	
CITY-STATE-ZIP	TUCKER GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAMES, IVAN D	
STREET ADDRESS	220 COVENTRY STREET	
CITY-STATE-ZIP	SOUTH MELBOURNE, AUSTRALIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWARD, MICHAEL J	
STREET ADDRESS	220 COVENTRY STREET	
CITY-STATE-ZIP	SOUTH MELBOURNE, AUSTRALIA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, STEPHEN J	
STREET ADDRESS	2488 TUCKERSTONE PARKWAY	
CITY-STATE-ZIP	TUCKER GA 30084	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Vehlewald, Tim	
13 STREET ADDRESS	2488 Tuckerstone Parkway	
14 CITY-STATE-ZIP	Tucker, GA 30084	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	James, Ivan D.	
33 STREET ADDRESS	Level 8, 390 Kilda Street	
34 CITY-STATE-ZIP	Melbourne, Australia	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Saward, Michael J.	
43 STREET ADDRESS	Level 8, 390 Kilda Street	
44 CITY-STATE-ZIP	Melbourne, Australia	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-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 supplemental 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Susan Petersen-Tucker* Susan Petersen-Tucker, Treasurer 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)