

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

FILED

May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5050 Oakbrook Parkway Suite, Apt. #, etc. 22 Suite 500 City & State 23 Norcross Zip 24 30093-2536		2a. Mailing Address 26 5050 Oakbrook Parkway Suite, Apt. #, etc. 27 Suite 500 City & State 28 Norcross Zip 29 30093-2536		3. Date Incorporated or Qualified 05/13/1993	
Country 25 USA		Country 30 USA		4. FEI Number 58-1913094	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. 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	
				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 Sections 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VEHLEWALD, TIM 2488 TUCKERSTONE PARKWAY TUCKER GA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	5050 Oakbrook Parkway, Suite 500
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Norcross, GA 30093-2536
TITLE	VSTD PETERSEN-TUCKER, SUSAN 2438 TUCKERSTONE PARKWAY TUCKER GA	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	5050 Oakbrook Parkway, Suite 500
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Norcross, GA 30093-2536
TITLE	CD JAMES, IVAN D LEVEL 8, 390 KILDA STREET MELBOURNE AU	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SAWARD, MICHAEL J LEVEL 8, 390 KILDA STREET MELBOURNE AU	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COX, STEPHEN J 2488 TUCKERSTONE PARKWAY TUCKER GA 30084	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	5050 Oakbrook Parkway, Suite 500
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Norcross, GA 30093-2536
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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*

3-14-98

770-925-9993

CR2E034 (10/97)