

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

001229

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90191 042 ***150.00

DOCUMENT # F93000002253

1. Corporation Name

ACL AUTOMOTIVE AMERICA INC.

Principal Place of Business

5050 OAKBROOK PARKWAY
SUITE #500
NORCROSS GA 30093-2536
US

Mailing Address

2488 TUCKERSTONE PARKWAY
TUCKER GA 30084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/13/1993

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 5050 Oakbrook Parkway

Suite, Apt. #, etc.

27 Suite 500

28 City & State
Norcross, GA

29 Zip Country

30 30093-2536 Gwinnett

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VEHLEWALD, TIM	
STREET ADDRESS	5050 OAKBROOK PARKWAY SUITE #500	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	PETERSEN-TUCKER, SUSAN	
STREET ADDRESS	5050 OAKBROOK PARKWAY SUITE #500	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JAMES, IVAN D	
STREET ADDRESS	LEVEL 8, 390 KILDA STREET	
CITY-ST-ZIP	MELBOURNE AU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAWARD, MICHAEL J	
STREET ADDRESS	LEVEL 8, 390 KILDA STREET	
CITY-ST-ZIP	MELBOURNE AU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COX, STEPHEN J	
STREET ADDRESS	5050 OAKBROOK PARKWAY SUITE #500	
CITY-ST-ZIP	NORCROSS GA 30093	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 (770) 925-9993 EXT 834

CR2E034 (11/98)