## ► FILE NOW: FÎLING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION 'ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # F93092

## **FILED** May 28 1997 8:00am Secretary of State

AAL-CAR TRANSMISSIONS,	INC.				
Principal Place of Business	Mailing Address		<del></del>		•
3530 N. Courtenay Pkwy. 3530 N. Cour PMerritt Island, FL 32953 Merritt Islan		rtenay and. F	Pkwy. L 3295	3	
				3. Date incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			07/31/1982 4. FEI Number	01/16/96
21	26. Walling Aboress			59-2249549	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable \$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip .	Coun	try	8. This corporation has liability for i	_ ~
24 25	29	30			Yes No
9. Name and Address of Curre	nt Hegistereo Agent		Name	10. Name and Address of New Re	gistered Agent
		Ľ	/ (Vallie		
Dashner, Charles		E	82 Street Address (P.O. Box Number is Not Acceptable)		le)
3530 N. Courtenay Pkwy.		E	33		
Merritt Island, FL 32953					
		8	City		FL 85 Zip Code
agent. I am familiar with, and accept the oblig SIGNATURE Signature typed or printed name of registered as	ent and little if applicable (NOT	E Registered		uired whon reinstating)	DATE
12. OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME DP	ב_] טנכנונ	1.1 TITU			☐ Change ☐ Addition
STREET ADDRESS Dashner, Charles			EET ADDRESS		
CITY-ST-ZIP   1708 Shore Drive		1	'-ST-ZIP		
TITLE Merritt Island, F	L. 32952 🔲 DELETE	2 1 TITL		······································	Change Addition
NAME VS		2 2, NAM	IE E	•	
STREET ADDRESS Dashner, Judy		2 3 STR	EET ADDRESS		
CITY-ST-ZIP 1708 Shore Drive			Y - ST <sub>7</sub> -7IP		
Morritt Island F	L 32952 DELETE	31 1111			Change Addition
MAME	F 05705	. 32 NAM	·		l
STREET ADDRESS			ET ADDRESS		
CITY-S1-ZIP TITLE	DELETE	3.4, CITY 4.1 TITLE	r-ST-ZIP		Change Addition
NAME	DECC12	4.1 HICE	1		C. Suange C. Addition
STREET ADDRESS			ET ADORESS		
CITY-ST-ZIP		4.3 STRE	CI ADUNESS I		
			-ST-ZIP	<b>^</b> . /	<b>、</b>
TITLE	☐ DELETE		- ST - ZIP	nd o	Change
TITLE NAME :	L.) DELETE	4.4 CITY	- ST - ZIP	Du Roll	Change Addition
1	□ DELETE	4.4 CITY 5.1 THILE 5.2 NAM	- ST - ZIP	Opposite the state of the state	Change Addition
NAME : STREET ADDRESS CITY - ST - ZIP		4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	- ST - ZIP E IE EET ADDRESS - ST - ZIP	Op of	
NAME	☐ DELETE	4.4 CITY 5.1 THE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 THE	- ST - ZIP  E  E  EET ADDRESS - ST - ZIP		Change Addition
NAME		4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	- ST - ZIP  E  E  E T ADDRESS - ST - ZIP  E	5000022C	13625 Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	- ST - ZIP E E E E E E ADDRESS - ST - ZIP E E E E E ADDRESS	50000220 -06/06/97010 ***165.00	13625 Addition

Information indicated on this agnual 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.