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

STREET ADDRESS

SIGNATURE

Mar 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** G06988 (1)DAYTONA BEARING, INC. Principal Place of Business Mailing Address 506 VOLUSIA AVE. 506 VOLUSIA AVE. DAYTONA BEACH FL 32114-4237 DAYTONA BEACH FL 32114-4237 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1982 Mailing Address 2. Principal Place of Business 4, FEI Number Applied For Bldd. 59-2232683 Not Applicable Suite, Apt #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Courtry 8. This corporation owes or has paid the current year Intangible 25 VO) WISA Personal Property Tax due June 30. Yes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SINGER, LINDA C. 8585 SUNSET DRIVE, STE. 150 Street Address (P.O. Box Number is Not Acceptable) **B2 SO MIAMI FL 33143** 83 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE 1.1 TITLE Change TITLE attaran, reza M YNN DONAHUE NAME 1.2 NAME 1970 MENGERCITCLE 85 JOHN ANDERSON DR. STREET ADDRESS 1.3 STREET ADORESS ORMOND BEACH FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE FIROUZABADI, FARZAD NAME 2.2 NAME 5898 TRAILWOOD DR STREET ADDRESS 2.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TiTLE TITLE 5.2 NAM8 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 supplied ental 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 if the receiver or trustoe 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 or in attachment with an address.

FILED