


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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G74331 (1)**  
 1. Corporation Name  
**BRAKE AND MACHINE SERVICES, INC.**



Principal Place of Business <b>6525 FLORIDA STREET PUNTA GORDA FL 33950</b>	Mailing Address <b>6525 FLORIDA STREET PUNTA GORDA FL 33950-4633</b>
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<b>2. Principal Place of Business</b> 21 Sute, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		<b>3. Date Incorporated or Qualified</b> <b>12/19/1983</b>	<b>3a. Date of Last Report</b> <b>03/28/1996</b>
		<b>4. FEI Number</b> <b>59-2406804</b>		Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>MILLS, DERRELL WAYNE</b> <b>465 N. SPRINGLAKE BLVD.</b> <b>PORT CHARLOTTE FL 33952</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CHARLES W. "RED"	1.2 NAME	
STREET ADDRESS	6525 FLORIDA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS DERRELL W.	2.2 NAME	
STREET ADDRESS	6525 FLORIDA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, ALETHA A	3.2 NAME	
STREET ADDRESS	6525 FLORIDA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, DENNIS C.	4.2 NAME	D BARVETT, SHERRI L.
STREET ADDRESS	6525 FLORIDA ST.	4.3 STREET ADDRESS	6525 FLORIDA ST.
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CARROLL ALAN	5.2 NAME	
STREET ADDRESS	6525 FLORIDA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Derrell W. Mills DERRELL W. MILLS 4/25/97 (941) 639-8006  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)