## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # G79484 (3)  NATIONWIDE BATTERY, INC.						1 HARINI BAN KERIB BANK BURUN KENIK	### ##################################	
Principal Place	of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·			
3381 SW 11TH AVE -921 S.E. 20TH STREET FT. LAUDERDALE FL 33315 US		3381 SW 11TH AVE 921 S.E. 20TH STREET FT. LAUDERDALE FL 33315 US			Date Incorporated or Qualified   3a. Date of Last Report			
						01/19/1984	04/19	<del></del>
2. Principa! Pla コファル	ice of Business Sw 11774 AVE	2a. Mailing Address 26 338/ Su	11574	מנוב		4. FET Number 59-2494893		Applied For Not Applicable
Suite, Apt. #	<u></u>	Suite, Apt #, etc.	77110	,,,,,		5. Certificate of Status Desired	\$1	B.75 Additional
2		City & State 28 FT LAWGRIME FL			5. Certificare of Status Desired		Fee Required	
Oity & State	DEROALE, FL				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip 4] 333		<sup>7</sup> (p) 333/5	Coun 30 <b>B</b> .	Row	MRL	8. This corporation has kability for in Florida Statutes (7) Yes	ntangible tax und No	der s. 199.032,
	9. Name and Address of Current	Registered Agent		B1 Name		10. Name and Address of New R	egistered Agen	it
DOVED IN EDIANDON ID						s (P.O. Box Number is Not Acceptable	lol	
-921 S.E. 20TH STREET					201 Address (1.0. Fox Northborns Not Acceptaine)			
FT. LAUI	ERDALE FL 33316			3381 SW 11TH AVE			E	
			1	34 City	- //	AUDEMOALE	E1 85	Zip Code 333/5
	o the provisions of Sections 607.0502 a				crporat	ion submits this statement for the pur		g its registered office
or registere familær wit	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectio	i. Such change was authorize n 607.0505, Florida Statutes.	d by the co	orporation's	s board	of directors. I hereby accept the appo	entment as regis	itered agent. I am
SIGNATURE.								
12.	Signature, typed or printed name of registered agent ar OFFICERS AND		F Bagistenia A ■ 13.	gent signature	responsed v	hic renstating: ADDITIONS/CHANGES TO OFFI	CERS AND DIFFE	ECTORS IN 12
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STY-ST-7/P 14. Ldo hereby	y certify that the information supplied yo	th his filing is voluntarily furnis		(-S1-ZIP oes not ou	l	the exemption stated in Section 119.0	07(3)(k), Florida 9	Statutes, I further
certify that	the information indicated of this annua	√eport or supplemental annu	al report is	true and a	ccurate	and that my signature shall have the report as required by Chapter 607, Flo	same legal effect	t as if made under
		an attachment with an addre	ISS	TO EXECU	RC UIIS I	opon as required by Chapter 607, NC		I .
SIGNIAT	HDE. J ///X/ />	7				2/18/9/	94-52	7-464
SIGNAT	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICER	OR DIRECTO	DR .				Prione #