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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G86199

(8)

TRAIL AUTOMOTIVE EQUIPMENT CORP.

FILED Feb 03 1998 8:00am Secretary of State



						-{			
Principal Place of Business Mailing Address					į				
\$851 S.W . 85 SOUTH MIAM		5851 S.W . 85TH ST. South Miami Fl 3314 3				DO NOT WRITE IN THIS SPACE			
						_		III STACE	
						Э.	Date Incorporated or Qualified 02/24/1984		
9 Principal D	ace of Business	2a. Mailing Address					FEI Number	Applied Fo	
	ace or business	<u></u> ⊢¬				٦.	59-2394482	Not Applied Fo	
Suite, Apt. 1	# atc	Suite, Apt. #, etc.					-	\$8.75 Additiona	
22		27				5.	Certificate of Status Desired	Fee Required	."
City & State		City & State					Election Campaign Financing	\$5.00 May Be	
23		28				٠.	Trust Fund Contribution	Added to Fees	-
Zip	Country	Z _I p Country				8.	This corporation owes or has paid the	current year Intangible	
24	25	29 30					Personal Property Tax due June 30.	Yes ☐ No	
9. Name and Address of Current Registered Agent						10.	Name and Address of New Register	ed Agent	
AR	CH, YVONNE I.		8	1	Name				
585	51 S .W. 85TH STREET		82 Stre			s (P	P.O. Box Number is Not Acceptable)		
SO	UTH MIAMI FL 33143			_	······································				
			8:	3					
			8-	4	City			85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	ve	-named corporation	atio	n submits this statement for the purpos poard of directors. I hereby accept the	e of changing its register	boı
agent. I ar	n familiar with, and accept the obli-	gations of, Section 607.0505, Flor	da Statut	es.		,,,,	sourd of directors. Thoroby accopt the	appointment as registere	~
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) DATE									_
12.		ND DIRECTORS	13.	gon	it algitaldre reduxed i		ADDITIONS/CHANGES TO OFFICERS		-
TALE	PD DELETE		1.1 TITLE					☐ Change ☐ Add	ition
NAME	ARCH, TED S.			1.2 NAME					
STREET ADDRESS	5851 S.W. 85TH ST.		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	S. MIAMI FL		1.4 CITY - S		T- ZIP				
TITLE	STD DELETE			2.1 TITLE				Change Add	ition
NAME	ARCH, YVONNE I.		2.2 NAME						
STREET ADDRESS	5851 S.W. 85TH ST.		2.3 STRE		ADDRESS				
CITY-ST-ZIP	S. MAIMI FL		2. 4 CITY-ST-ZIP		T-ZIP				
TITLE	DELETE			3.1 TITLE				Change Add	ition
NAME			3.2 NAME	E					
STREET ADDRESS	SS 3		3.3 STRE	3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-S1-ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE		DELETE	4.1 TITLE		1			Change Add	ition
NAME			4. 2 NAM		1				
STREET ADDRESS			4 3 STRE		F				
CITY-ST-ZIP		TT prices	4.4 City		- ZIP			□ Obsess □ 144	
TITLE		☐ DELETE	5.1 TITLE					Change Add	HOU
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE						
CITY-ST-ZIP		Dricte	5.4 CITY-		- ZIP			Change Add	illion
TITLE		☐ DELETE	6.1 TITLE					∐ Change	HUIT
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET A	ADDRESS				

14. 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.