FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H07053 (2) HAROLD'S ENGINE REBUILDING, INC. Principal Place of Business Mailing Address 2327 GUAVA DRIVE 2327 GUAVA DRIVE EDGEWATER FL 32141 EDGEWATER FL 32141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/08/1984 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 59-2441514 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BEYER, HAROLD E. 81 Name 2327 GUAVA DR. Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32141** 83 84 City 85 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BEYER, HAROLD E. NAME 1.2 NAME CR2E034 2327 GUAVA DR. STREET ADDRESS 1.3 STREET ADDRESS EDGEWATER FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2, 4 CITY - ST~ZIP DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3,4, CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5,2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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. ---NATURE REQUIRED

Change

6.1 TITLE

6.2 NAME

6,3 STREET ADDRESS

__ DELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE: _