

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H87150 (9)**
1. Corporation Name
ACE AUTOMOTIVE PRODUCTS, INC.



Principal Place of Business: **801 W. FORSYTH ST. JACKSONVILLE FL 32204**
Mailing Address: **801 W. FORSYTH ST. JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified: **12/01/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2631339**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**HARTSOCK, CHARLES G.
801 WEST FORSYTH STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0542 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: *Charles G. Hartsock* DATE: **2-1-96**

12. OFFICERS AND DIRECTORS

12.1 TITLE	DP	<input type="checkbox"/> DELETE
12.2 NAME	HARTSOCK, CHARLES G.	
12.3 STREET ADDRESS	801 W FORSYTH ST	
12.4 CITY, ST, ZIP	JACKSONVILLE FL	
12.5 TITLE	DV	<input type="checkbox"/> DELETE
12.6 NAME	HADLEY, GAYLORD	
12.7 STREET ADDRESS	801 W FORSYTH ST	
12.8 CITY, ST, ZIP	JACKSONVILLE FL	
12.9 TITLE	S	<input type="checkbox"/> DELETE
12.10 NAME	HARTSOCK, PATRICIA	
12.11 STREET ADDRESS	801 W. FORSYTH ST.	
12.12 CITY, ST, ZIP	JACKSONVILLE FL	
12.13 TITLE	T	<input type="checkbox"/> DELETE
12.14 NAME	HADLEY, BETTY	
12.15 STREET ADDRESS	801 W. FORSYTH ST.	
12.16 CITY, ST, ZIP	JACKSONVILLE FL	
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Charles G. Hartsock* **2-1-96** **396-0932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)