1-28-98   12-0110 XC

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 28 1998 8:00am
Secretary of State

DOCUMENT # H89876   (7)

1. Corporation Name
AUTOHAUS CONVERSIONS, INC.

Principal Place of Business
4325 ST. AUGUSTINE RD
JACKSONVILLE FL 32207

Mailing Address
4325 ST. AUGUSTINE RD
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1985

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2602454	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution	$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
GREENLEAF, V. B.
12352 MACAW DR
JACKSONVILLE FL 32223

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 607.0502 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)   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME BARQUIST, CARL		1.2 NAME		
STREET ADDRESS 3509 SANDBURG ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE VP	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME BARQUIST, LINDA		2.2 NAME		
STREET ADDRESS 3509 SANDBURG ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	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
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: *Linda Barquist VP*   1/20/98   904/399-2533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0032435