FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J58038 (7)

1. Corporation Name
REDLINE AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
5901 S.W. 43RD STREET BAYS 4, 5 AND 6 DAVIE FL 33314	5901 S.W. 43RD STREET BAYS 4, 5 AND 6 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/19/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2759288 ☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JONES, RICHARD
4341 NW 6TH ST
PLANTATION FL 33317

10. Name and Address of New Registered Agent

01 Name: JONES, RICHARD
02 Street Address (P.O. Box Number is Not Acceptable): 15943 WESTWIND CIRCLE
03
04 City: SUNRISE FL 05 Zip Code: 33326

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] RICHARD JONES – PRESIDENT 1/18/95
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	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	JONES, RICHARD T.	1.2 NAME	JONES, RICHARD T.	
STREET ADDRESS	4341 NW 6TH ST	1.3 STREET ADDRESS	15943 WESTWIND CIRCLE	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	SUNRISE, FL. 33326	
TITLE	SD	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	JONES, CINDY M.	2.2 NAME	JONES, CINDY M.	
STREET ADDRESS	4341 NW 6TH ST	2.3 STREET ADDRESS	15943 WESTWIND CIRCLE	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	SUNRISE, FL. 33326	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
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		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] RICHARD JONES 1/18/95 305 792 7553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0222030 CP