

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

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K06642 (8)
1. Corporation Name
SOMETHING CORPORATION

Principal Place of Business A.A. AMERICAN TIRE & AUTO REPAIR 4493 S.W. 64TH AVENUE DAVIE FL 33314 US	Mailing Address A.A. AMERICAN TIRE & AUTO REPAIR 4493 S.W. 64TH AVENUE DAVIE FL 33314 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0054701		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BIGGE, ROBERT JR. 1120 S.E. 3 AVE. FT. LAUDERDALE FL 33316		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
	DP JACKSON, WAYNE	4493 S.W. 64 AVENUE	DAVIE FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
	D YOUNG, LORI	4493 S.W. 64 AVENUE	DAVIE FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE	1. NAME	1. STREET ADDRESS	1. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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; 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:

Wayne Jackson

3-13-98

954-792-7107

CR2E034 (10/97)