CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
94 AUG 11 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K27791 (8)

1. Corporation Name
AUTOMOTIVE RESTYLING COMPONENTS, INC.

Mailing Address	Principal Place of Business
~~4815 W COLONIAL DR~~	~~4815 W COLONIAL DR~~
~~ORLANDO FL 32808~~	~~ORLANDO FL 32808~~
US	US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1988
3a. Date of Last Report: 05/28/1993
4. FEI Number: 59-3003504 — [ ] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ]
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [X] No

2. Mailing Address	2a. Principal Place of Business
21 10 N. MAGRUDER AVE	26 10 N MAGRUDER AVE
22 Suite, Apt. #, etc. # C ORLANDO, FL.	27 Suite, Apt. #, etc. # C
23 City & State	28 City & State ORLANDO, FL
24 Zip 32805 — 25 Country USA	29 Zip 32805 — 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLAND, JOHN T.	81 Name
~~4815 R. W. COLONIAL DR.~~ 10 N MAGRUDER	82 Street Address (P.O. Box Number is Not Acceptable)
~~ORLANDO FL 32808~~ ORLANDO, FL	83
32805	84 City FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when re-filing — DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/S/T	11 TITLE	
12 NAME	POLAND, JOHN T.	12 NAME	
13 STREET ADDRESS	~~4815 R. W. COLONIAL DR.~~	13 STREET ADDRESS	10 N MAGRUDER AVE
14 CITY-ST-ZIP	~~ORLANDO FL~~	14 CITY-ST-ZIP	ORLANDO, FL 32805
21 TITLE	D	21 TITLE	
22 NAME	POLAND, JOHN T.	22 NAME	
23 STREET ADDRESS	~~4815 R. W. COLONIAL DR.~~	23 STREET ADDRESS	10 N MAGRUDER AVE
24 CITY-ST-ZIP	~~ORLANDO FL~~	24 CITY-ST-ZIP	ORLANDO, FL 32805
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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)(n), 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN POLAND — 8/5/94 — 407-290-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR