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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

|   | 1996   | AND ME  | DIVIS   | SION OF CORPORATIO   | ONS   |   |  |   |  |
|---|--|---|---|--|---|---|--|---|--|
| DOCU<br>1. Corporation  | MENT #<br>on Name  | K4603   | 6 (   | 5)   |   |   |  |   |  |
| CLASS   | IC MOTORIN   | IG ACCESSOR   | IES, INC.   |  |   |   |  |   |  |
|   |  |   |   |  |   |   |  |   |  |
| rincipal Plac   | e of Business  |   | Mailing Address   |  |   |   |  |   |  |
| 0008 WEST I   | linebaugh. Suiti<br>3624   | E 44  | 5008 WEST LIN<br>TAMPA FL 3362                                | iebaugh, suite 44<br>24  |   |   |  |   |  |
|   |  |   |   |  |   | 3. Date Incorporated or Qualif  |  | ate of Last I   |  |
| Principal P   | lace of Business   |   | 2a. Mailing Addre   | ess  |   | 4. FEI Number   | <del></del>  |   | Applied For  |
| Suite, Apt.   | #, etc.  |   | Suite, Apt. #,  | etc.   |   | 59-2917070  |  | \$9.7   | Not Applica  5 Additional  |
| City & State  |  |   | 27  |  |   | 5. Certificate of Status Desired  | d 🗆  |   | Additional     Required  |
| Oily & State  | e .  |   | City & State  |  |   | Election Campaign Financin     Trust Fund Contribution                                  | ,à 🗖   | \$5.0   | May Be   |
| Zip   |  | Country   | Zip   | Country  |   | 8. This corporation has liability   |  | Adde<br>tax under s   | 199 032  |
|   | 25 S Name and  | Address of Curren   | 29<br>nt Registered Agent                                     | 30   |   | Florida Statutes  | Yes No   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|   | 5. Hamband   | Address of Corre  | it negistered Agent   | 81   | Name  | 10. Name and Address of Ne  | w Registere  | d Agent   |  |
|   | G, TERRY   |   |   |  |   | 40.0.5  |  |   |  |
|   | T LINEBAUGH  | , SUITE 44  |   | 82   | Street Addre  | iss (P.O. Box Number is Not Acce  | ptable)  |   | -  |
| TAMPA F   | L 33624  |   |   | 83   |   |   |  |   |  |
|   |  |   |   |  |   |   |  |   |  |
|   |  |   |   | 84   | City  |   |  | 85 7  | p Code   |
| . Pursuant t  | to the provisions of ed agent, or both   | of Sections 607.0502<br>, in the State of Floric  | and 607.1508, Florida<br>da. Such change was a                | Statutes, the above-na   | •   | tion submits this statement for the   | Figurpose of c                                       |   | p Code<br>egistered of   |
| SNATURE   |  | •   |   | Statutes, the above na<br>authorized by the corpor<br>statutes.  | med corporat<br>ration's board  | tion submits this statement for the dof directors. I hereby accept the authors resetted | purpose of c<br>appointment a                        |   | •  |
| SNATURE   | Signature, typed or print  | of Sections 607.0502<br>, in the State of Floric<br>o obligations of, Secti<br>and name of registered agent<br>OFFICERS AND | and title if applicable.  DIRECTORS                           | Statutes, the above na uthorized by the corpor statutes.  (NOTE Registered Agent s   | med corporat<br>ration's board  | when reinstating)   | purpose of cappointment a                            | changing its<br>as registered   | registered of<br>Lagent, Lam   |
| enature   | Signature, typed or print  | ed name of registered agent<br>OFFICERS AND   | and title if applicable.                                      | Statutes, the above na uthorized by the corpor statutes.  (NOTE Reg stered Agent s 13.   | med corporat<br>ration's board  |   | purpose of cappointment a                            | changing its<br>as registered   | registered of<br>I agent. I am   |
| BNATURE   | Signature, typed or print D FREIBERG, 1  | od name of registered agent OFFICERS AND  | and title if applicable.  DIRECTORS                           | Statutes, the above-na uthorized by the corpor statutes.  (NOTE: Reg stered Agent s  13.  11. THILE  12 NAME   | med corporation's board   | when reinstating)   | purpose of cappointment a                            | changing its its as registered  | registered of<br>I agent. I am   |
| EEI ADDRESS   | Signature, typed or print D FREIBERG, 1  | ed name of registered agent<br>OFFICERS AND   | and title if applicable.  DIRECTORS                           | Statutes, the above-na uthorized by the corpor statutes.  [NOTE: Registered Agents]  13.  IE 1.1 TITLE 1.2 NAME 1.3 STREET AL  | med corporation's board   | when reinstating)   | purpose of cappointment a                            | changing its its as registered  | registered of<br>I agent. I am   |
| E E ADDRESS -ST-ZIP E   | D<br>FREIBERG, 1<br>5008 W LINE<br>TAMPA FL                                    | od name of registered agent OFFICERS AND TERRY BAUGH, S-44  | and title if applicable.  DIRECTORS                           | Statutes, the above na uthorized by the corpor tatutes.  (NOTE Reg stered Agent's 13.  IE 1.1 TITLE 12 NAME 1.3 STREET AE 1.4 CITY-ST-   | med corporation's board   | when reinstating)   | purpose of cappointment a                            | changing its its as registered  | registered of<br>I agent. I am<br>ORS IN 12  |
| E E E E E E E E E E E E E E E E E E E   | D<br>FREIBERG, 1<br>5008 W LINE<br>TAMPA FL<br>D<br>FREIBERG, J                | OFFICERS AND OFFICERS AND ERRY BAUGH, S-44  | and title if applicable.  DIRECTORS  DELE                     | Statutes, the above-na uthorized by the corpor statutes.  [NOTE: Registered Agents]  13.  14. 11 TITLE  12. NAME  1.3 STREET AC  14. CITY-ST-  | med corporation's board   | when reinstating)   | purpose of cappointment a                            | changing its las registered   | registered of<br>I agent. I am<br>DRS IN 12  |
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