

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

4-16-96 B-3005 - C

DOCUMENT # **K61677 (6)**  
1. Corporation Name  
**IDEAL AUTOMOTIVE & TRUCK ACCESSORIES, INC.**



Principal Place of Business: 701 NW 57TH PLACE FT LAUDERDALE FL 33309  
Mailing Address: 701 NW 57TH PLACE FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: 01/23/1989  
3a. Date of Last Report: 06/02/1995  
4. FEI Number: 65-0290863  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**CRAMER, DALE W.  
701 NW 57TH PLACE  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

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)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAMER, DALE W.	
STREET ADDRESS	5200 NE 31ST AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRAMER, JOHN P.	
STREET ADDRESS	2850 NE 23RD ST.	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRAMER, EDWARD W.	
STREET ADDRESS	21527 MAHOE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRAMER, DANIEL J.	
STREET ADDRESS	4155 NW 5TH DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	700 PARKSIDE CIRCLE N
3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2895 N.E. 26 PLACE
4.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33306
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: EDWARD CRAMER 4-11-96 954-493-9800

CR2E034 (12/95)