

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 33309-2029**

3. Date Incorporated or Qualified  
**01/23/1989**

3a. Date of Last Report  
**04/16/1996**

2. Principal Place of Business  
21 **6560 Powerline Rd**  
Suite, Apt. #, etc.  
22  
City & State  
23 **St. Lauderdale FL**  
Zip Country  
24 **33309** 25

2a. Mailing Address  
26 **6560 Powerline Rd**  
Suite, Apt. #, etc.  
27  
City & State  
28 **St. Lauderdale FL**  
Zip Country  
29 **33309** 30

4. FEI Number  
**65-0290863**

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

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  
**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   
Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
**Edward Cramer Sec.**  
DATE **1/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, DALE W.</b>	1.2 NAME	
STREET ADDRESS	<b>5200 NE 31ST AVE.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33308</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, JOHN P.</b>	2.2 NAME	
STREET ADDRESS	<b>2850 NE 23RD ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33305</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, EDWARD W.</b>	3.2 NAME	
STREET ADDRESS	<b>700 PARKSIDE CIRCLE NORTH</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAMER, DANIEL J.</b>	4.2 NAME	
STREET ADDRESS	<b>2895 NE 28 PLACE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Edward Cramer (Sec.)**  
Date **1/22/97** Daytime Phone # **954 493 9800**

CR2E034 (9/96)