

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K61677 (6)**  
 1. Corporation Name  
**IDEAL AUTOMOTIVE & TRUCK ACCESSORIES, INC.**



Principal Place of Business 6560 POWERLINE RD FT LAUDERDALE FL 33309 US	Mailing Address 6560 POWERLINE RD FT LAUDERDALE FL 33309 US
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DO NOT WRITE IN THIS SPACE

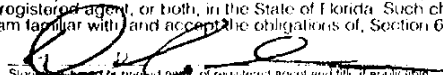
3. Date Incorporated or Qualified <b>01/23/1989</b>	4. FEI Number <b>65-0290863</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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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 **Cramer, Dale W.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6560 Powerline Road**  
 83  
 84 City **FT Lauderdale** FL 85 Zip Code **33309**

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  DATE **3.10.98**

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, DALE W.</b>	
STREET ADDRESS	<b>5200 NE 31ST AVE.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, JOHN P.</b>	
STREET ADDRESS	<b>2850 NE 23RD ST.</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33305</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, EDWARD W.</b>	
STREET ADDRESS	<b>700 PARKSIDE CIRCLE NORTH</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAMER, DANIEL J.</b>	
STREET ADDRESS	<b>2895 NE 28 PLACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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:  DATE **3.10.98**

CR2E034 (10/97)