

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

DOCUMENT # K73657

(4)

1. Corporation Name

ULTRA BRAKE CORPORATION



Principal Place of Business

1875 LAKE MARY BLVD
SANFORD FL 32773
US

Mailing Address

1875 LAKE MARY BLVD
SANFORD FL 32773
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified
03/17/1989

3a. Date of Last Report
06/16/1995

4. FEI Number

59-2948400

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

10. Name and Address of New Registered Agent

~~TYGAR, NEIL~~
1875 LAKE MARY BLVD
SANFORD FL 32773

81 Name

MICHAEL Scicchitano

82 Street Address (P.O. Box Number is Not Acceptable)

1875 E. LAKE MARY BLVD

83

84 City

SANFORD

FL

85 Zip Code

32773

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

MICHAEL Scicchitano

(NOTE: Registered Agent signature required when resigning)

DATE

1/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
PSD
TYGAR, RON
STREET ADDRESS
1875 LAKE MARY BLVD
CITY-ST-ZIP
SANFORD FL

TITLE ☒ DELETE

NAME
VT
TYGAR, NEIL
STREET ADDRESS
1875 LAKE MARY BLVD
CITY-ST-ZIP
SANFORD FL

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

1. 1 TITLE ☐ Change ☒ Addition

NAME
PD
JOHN KENNEY
STREET ADDRESS
1875 E. LAKE MARY BLVD
CITY-ST-ZIP
SANFORD FL 32773

2. 1 TITLE ☐ Change ☐ Addition

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ 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:

JOHN K. KENNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/23/96 (407) 322-8000
Daytime Phone #

CR2E034 (12/95)