

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS****95 MAY 25 PM 12:19****DOCUMENT # L06805 (0)**

1. Corporation Name

B-T AUTOMOTIVE, INC.

Principal Place of Business

**6847 WEST HIGHWAY 40
OCALA FL 34474**

Mailing Address

**6847 WEST HIGHWAY 40
OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

12/08/1994

4. FBI Number

59-2995161

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6847 WEST HIGHWAY 40**26 SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Ocala FL**28**

Zip

Country

Zip

Country

24 34474**29****30**

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

**KING, WILLIAM ALLAN
101 SW THIRD STREET
OCALA FL 34474**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HOHENBERG, ROSAYLMER**
STREET ADDRESS **90 W 5TH STREET 77 West 55th St**
CITY, ST, ZIP **NEW YORK NY 10019**

TITLE **D**
NAME **TEICHER, MILTON S**
STREET ADDRESS **668 5TH AVENUE**
CITY, ST, ZIP **NEW YORK NY 10103**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
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 110.07(3)(b), 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 BOARD OFFICER OR DIRECTOR

May 18/95 (213) 345-1796