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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L65616 (9)
1. Corporation Name
COAST TO COAST HUBCAPS & WHEELS, INC.



Principal Place of Business Mailing Address
8820 MAISLIN DRIVE 8820 MAISLIN DRIVE
TAMPA FL 33637 TAMPA FL 33637
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8016 MAYS AVENUE		26 8016 MAYS AVENUE		04/12/1990	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 RIVERVIEW, FL		28 RIVERVIEW, FL		59-3003948	
24 33569		29 33569		5. Certificate of Status Desired	
25 USA		30 USA		8.75 Additional Fee Required	
23 RIVERVIEW, FL		28 RIVERVIEW, FL		6. Election Campaign Financing	
24 33569		29 33569		Trust Fund Contribution	
25 USA		30 USA		5.00 May Be Added to Fees	
23 RIVERVIEW, FL		28 RIVERVIEW, FL		8. This corporation owes or has paid the current year intangible	
24 33569		29 33569		Personal Property Tax due June 30.	
25 USA		30 USA		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NUNES, MITCH M. 8820 MAISLIN DRIVE TAMPA FL 33637				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				8016 MAYS AVENUE			
				83			
				84 City			
				RIVERVIEW FL 85 Zip Code			
				33569			

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 MITCH NUNES *Mitch Nunes* 4-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNES, MITCH M.	1.2 NAME	
STREET ADDRESS	8820 MAISLIN DR.	1.3 STREET ADDRESS	8016 MAYS AVENUE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNES, PAMELA	2.2 NAME	
STREET ADDRESS	8820 MAISLIN DR.	2.3 STREET ADDRESS	8016 MAYS AVENUE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: MITCH NUNES *Mitch Nunes* 4-23-98

CR2E034 (10/97)