

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

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L78402** (9)
1. Corporation Name
BREED AUTOMOTIVE OF FLORIDA, INC.

Principal Place of Business 5300 OLD TAMPA HWY LAKELAND FL 33811 US	Mailing Address 5300 OLD TAMPA HIGHWAY LAKELAND FL 33811 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3014427	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent BOYD, STUART D ESO 5300 OLD TAMPA HWY LAKELAND FL 33811		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	President
NAME	BREED, ALLEN	1.2 NAME	Robert M. Rapone
STREET ADDRESS	5300 OLD TAMPA HIGHWAY	1.3 STREET ADDRESS	5300 Old Tampa Hwy.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	S	2.1 TITLE	Vice President
NAME	SPERANZELLA, CHRALES J JR	2.2 NAME	
STREET ADDRESS	5300 OLD TAMPA HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	Treasurer
NAME	SCHAUFFERT, ARTHUR R JR	3.2 NAME	Robert Saltarelli
STREET ADDRESS	5300 OLD TAMPA HWY	3.3 STREET ADDRESS	5300 Old Tampa Hwy
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	P	4.1 TITLE	Secretary
NAME	BREED, JOHNNIE C	4.2 NAME	Lizanne Guptill
STREET ADDRESS	5300 OLD TAMPA HWY.	4.3 STREET ADDRESS	5300 Old Tampa Hwy.
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33811
TITLE	AS	5.1 TITLE	
NAME	STUART, BOYD D	5.2 NAME	
STREET ADDRESS	5300 OLD TAMPA HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Johnnie C. Breed
STREET ADDRESS		6.3 STREET ADDRESS	5300 Old Tampa Hwy.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lakeland, FL 33811

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:

Lizanne Guptill

CR2E034 (10/97)