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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M73875

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PMA AUTOMOTIVE, INC.

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**FILED** Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				a sadikātā 14s innaā 1440 i intis lātāt ētiti Atbit	i minit filfit hihii dibis dibis tahi	
42 COOUINA RIDGE WAY 42 COOUINA RID						
ORMOND BEACH FL 32174 US		ORMOND BEACH FL 32174 US		DO NOT WRITE IN THIS SPACE		
•		03		3. Date Incorporated or Qualified		
				03/25/1988		
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	*	26 PO BOX	7,30002	59-2922320	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	^- · •	5. Certificate of Status Desired	\$8.75 Additional	
22		27 ORMAND BEACH, FL		g, summand of states sound	Fee Required	
City & State		City & State  28 32173 - OCRS		6, Election Campaign Financing	\$5.00 May Be	
Zip	Country	28 5473-00 Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30 US	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	X Yes No	
<u> </u>	g. Name and Address of Curren			10. Name and Address of New Registe		
MACHE PROMISE P. S.						
	COGUINA RIDGE WAY	S0		NOW INCLINED D		
	RMOND BEACH FL 32174	Serve Er	معد امر المراجي	ALLINA COMPILIDA IN INCIDIO POR PORTO PORT	2002 DOC2	
			83		- 44,-12 - 14,	
			84 City		RE Zio Codo	
			84 ENRW	LOND BEACH	FL SZKTY	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607 1508, Florida Statul	es, the above-named co	rporation submits this statement for the purpos	se 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	During 1	- rose	PRESIDEN	τ	2/1/98	
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · ·	E: Registered Agent signature req	uired when reinstating) DA		
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition	
NAME	KROLL, RICHARD D.	- betrut	1.2 NAME	JULY PRECIDENT	CI CININGE PRODUCTOR	
STREET ADDRESS	42 COQUINA RIDGE WAY		1.2 NAME 1.3 STREET ADDRESS		_ <i>い</i> ぬい	
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 City-St-ZIP	gengur Beach, Fu	· 32174	
TITLE		DELETE	2.1 TITLE		Change Addition	
. NAME			2.2 NAME			
STREET ADDRESS	1		2 3 STREET ADDRESS			
CITY-ST-ZIP			2 4 City-St-ZiP			
TITLE		DELETE	3 1 THTLE		Change Addition	
NAME	1		3 2 NAME			
STREET ADDRESS	j		3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
FITLE		☐ DEL <b>€T</b> E	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	· .		4.3 STREET ADDRESS			
CITY-ST-ZIP		Lociere	4.4 CITY - ST - ZIP			
TITLE	-	☐ DELETE	5.1 TITLE		L. Change L. Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
					ET QUANTE ET VOCITION	
NAME	to the second second		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify fo	6.4 CITY-ST-ZIP	n Section 119.07(3)(i). Florida Statutes. I furthe	r 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 eath; 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.						