

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 # P33803 (8)

1. Corporation Name
UNITED BUMPER SALES, INC.



Principal Place of Business
14645 AERIES WAY DR.
FT. MYERS FL 33912

Mailing Address
14645 AERIES WAY DR.
FT. MYERS FL 33912

3. Date Incorporated or Qualified 04/29/1991	3a. Date of Last Report 01/26/1995
4. FEI Number 43-1557129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HORNICK, THOMAS G.
14645 AERIES WAY DR.
FT. MYERS FL 33912

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	14645 AERIES WAY DR.	1.2 NAME	
STREET ADDRESS	FT. MYERS FL	1.3 STREET ADDRESS	
CITY- ST- ZIP	VS	1.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	2.1 TITLE	Change Addition
NAME	JACOBSMEYER, R.W.	2.2 NAME	
STREET ADDRESS	548 DORAL	2.3 STREET ADDRESS	
CITY- ST- ZIP	WARSON WOODS MO	2.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	3.1 TITLE	Change Addition
NAME	DANIELLE, DANIEL L.	3.2 NAME	
STREET ADDRESS	3948-62 LACLEDE AVE.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. LOUIS MO	3.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	4.1 TITLE	Change Addition
NAME	HORNICK, THOMAS G.	4.2 NAME	
STREET ADDRESS	14645 AERIES WAY DR.	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. MYERS FL	4.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	Change Addition
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)