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 # P9200001256 (6)

J & J MUFFLER AND PERFORMANCE, INC.

FILED

Feb 20 1998 8:00am

Secretary of State

Principal Plac	ce of Business	Mailing Address		a innettate tin skirk indit datie datie Abili Abili Adil	DE BERNE BERNE BERNE BERNE BERNE
119 NW HOLLYWOOD BLVD		119 NW HOLLYWOOD BL	VD	,	
UNIT 2					
FT WALTON BEACH FL 32548 FT WALTON BEACH FL 3			2548	DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 10/27/1992 	
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3148109	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	L October	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25 9. Name and Address of Curre		30		Yes No
		ant Registered Agent	B1 Name	10. Name and Address of New Registered	Agent
119 NW HOLLYWOOD BLVD				ess (P.O. Box Number is Not Acceptable)	
UNIT 2			-		
FI	WALTON BEACH FL 32548		83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s, the above-named corp	oration submits this statement for the purpose of	changing its registered
office or i agent. I a	registered agent, or both, in the Statem familiar with, and accept the obliq	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by the corporati rida Statutes.	ion's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	and and title if evaluable 45075	: Registered Agent signature require		
12.	~	ND DIRECTORS	13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	DELETE	1.1 TIFLE		Change Addition
NAME	JENUS, ROSS J		1.2 NAME		
STREET ADDRESS	925 SCENIC HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL				
TITLE		☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		L change L Modition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		□ pereit			☐ Change ☐ Addition
STREET ADDRESS			3.2 NAME		
			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		0.000
i		Ditti	4.1 TITLE		L Change L Addition
NAME			4. 2 NAME		İ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Dr. Fre	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	,	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP