

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of Corporations

APPROVED
AND
FILED

DOCUMENT # **P93000022880 (7)**

05 MAY - 1 11 5: 37

MOTOR VEHICLE REMANUFACTURING GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4332 WEST WATERS AVENUE SUITE 104B TAMPA FL 33614 US	4332 WEST WATER AVENUE SUITE 104B TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Created	3a. Date of Last Report
21	26	03/25/1993	08/25/1994
4. FEI Number	Applied For	5. Certificate of Status Desired	
59-3176670	Not Applicable	X \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	7. This corporation has liability for intangible tax under § 199.032, Florida Statutes		
<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
22. State Approval	27. State Approval	23. City & State	28. City & State
24. Zip	25. Zip	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ERICKSON, DAN O. 4332 WEST WATERS AVENUE SUITE 104B TAMPA FL 33614		B1. Name	B5. Zip Code
		B2. Street Address (P.O. Box Number is Not Acceptable)	FL
		B3. City	
		B4. City	

11. Pursuant to the provisions of Sections 607.01(5)(c) and 607.15(9), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.01(5)(b), Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	D JAFFE, ALLEN	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	107-C S. GOMEZ AVE.	2. STREET ADDRESS	
3. CITY, STATE, ZIP	TAMPA FL 33609	3. CITY, STATE, ZIP	
4. NAME	D ERICKSON, DAN O.	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	5000 SOUTH HIMES AVENUE, SUITE 332	5. STREET ADDRESS	
6. CITY, STATE, ZIP	TAMPA FL	6. CITY, STATE, ZIP	
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY, STATE, ZIP		9. CITY, STATE, ZIP	
10. NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	

14. I certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.01(5)(c), Florida Statutes. I further certify that the information indicated on the principal office of the incorporation annual report is true and accurate and that my signature shall have the same legal effect as if my signature were written on the principal office of the incorporation annual report. This report of the incorporation is prepared to comply with the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of this report of incorporation in accordance with an address.

SIGNATURE: *Dan O. Erickson*

DAN O. ERICKSON

4-27-95 813-889-0218