SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000063175 (1)

Principal Place of Business	Mailing Address
PO BOX 5923	PO BOX 5923
WINTER PARK FL 32793	WINTER PARK FL 32793

APPROVED AND FILED

1997 AUG 15 AM 8: 44

SECRETARY OF STATE TALLAHASSEL FLORID.

	E AUTO A	ACCESSORIES, INC					····						
Principal Place		5		g Address								**********	
PO BOX 5923 WINTER PARK FL 32783 PO BOX 5923 WINTER PARK FL 32793				DO NOT WRITE	IN THIS	THIS SPACE							
									3. Date Incorporated or Qualified	3a. Da	ite of Last F	Report	٦
·									08/25/1994	06	/10/1996		_
2. Principal Pi	iace of Busin	ess	ļī	ailing Address					4. FEI Number			pplied For	4
21	# ata		26	ita Ant 4 nto					59-3263591	 _		ot Applicabi	믝
Suite, Apt	#, etc.		27	uite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State	9			tv & State					6. Election Campaign Financing			May Be	\dashv
23			28						Trust Fund Contribution			to Fees	1
Zip		Country	Zı	р	C	ountry			B. This corporation owes or has pa	id the cur	rent year In	tangible	7
24		25	29	~ 	30				Personal Property Tax due June] No	
		and Address of Current	Registere	ed Agent		81	Name		10, Name and Address of New Re	gistered /	Agent		4
	ENCH, STE						Name						
	AMERICA					82	Street	Addre	ess (Р.О. Возуму потого свое	lep 1 5	525	9	٦
ALI	IAMONIC	SPRINGS FL 32714				83	1.5		-08/19/ 9	3701	074(116	\dashv
									****165	5.00	****1		
						84	City			FL	85 Zip	Code	-
11. Pursuant to office or reagent. I ar	to the provisi egistered ag m familiar wit	ons of Sections 607.0502 ent, or both, in the State of th, and accept the obliga	and 607. of Florida tions of, Sc	1508, Florida Statu Such change was ection 607.0505, Fl	tes, the authori orida S	above zed by tatutes	e-named the co	d corporation	oration submits this statement for the pon's board of directors. I hereby accept		changing i ointment as	ts registered registered	ī
SIGNATURE													ı
	Signature, typed	or printed name of registered agen					nt signatu	e require	d when reinstating)	DATE			ے ۔
12.	D/P	OFFICERS AND	DIHECTO	DELETE		3. I TITLE		Τ	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	RS IN 12	<u>,</u> - }
NAME		I, STEVEN		عامده السيا	- 1	NAME		}					3
STREET ADDRESS		DODWARD STREET			- 1		address	1					8
CITY-ST-ZIP		O FL 32803				1 CITY-S		}					Š
TITLE				DELETE	_	TITLE		1			☐ Change	Addition	ন্হ
NAME					2.2	NAME		1					
STREET ADDRESS					2.3	STREET	ADDRESS	1					1
CITY-ST-ZIP				-		4 CHY-S	1-ZIP	<u> </u>					_
TITLE				DELETE	1	TITLE		1			Change	Addition	a
NAME					1	2 NAME		1					-
STREET ADDRESS							ADDRESS	1					1
CITY-ST-ZIP TITLE				DELETE		I CITY-S I TITLE	I - ZIP	 		<u>.</u>	Change	Addition	귀
NAME				J. 20010		2 NAME		1			p.idingo	rwsition	
STREET ADDRESS					- 1		ADDRESS	1					1
CITY-ST-ZIP						CITY S		1					
TITLE	····			DELETE		TITLE		1			☐ Change	Addition	n
NAME				•	5.2	NAME		1					
STREET ADDRESS					5.3	SIR	ADDRESS	1				_	
CITY-ST-ZIP				<u>-</u>	5.4	C	1-2(P	<u> </u>					
TITLE				☐ DELETE	6.1			1			☐ Change	76-Adquig	e [
NAME		\wedge			6.2		7	1				ズイン	
STREET ADDRESS		/ /	1	}	1	•	address	}			ัก	M_{\sim}	}
CITY-ST-ZIP	w cortific that	the information amount	dith thin	ing dogs not over	6.4	CITY-S	T-ZIP	ctated	in Contion 110 07/23/01 Florida Cint da	o I further	Contifu that	<u></u>	4
information	n indicated o	on this annual report or su	ipplement	al annual report is t	rue and	q ассп	rate an	siaied d that i	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. i furmer Il effect as	if made un	irie ider oath; tha	at

I am an officer or director of the group into a trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if the group in the statutes and that my name appears in Block 12 or Block 11 if the group in the group in



Daniel W. Helman, CPA, CVA

P.O. Box 5923, Winter Park, Florida 32793



407/673-2626 • FAX 407/677-1472

August 8, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

I am writing on behalf of my client, Jet Line Auto Accessories, Inc.

We have received your 2nd notice of the Annual Report. The original was never received. We are requesting that you accept our payment of \$165.00 the original fee due to not receiving the first notice.

We trust that the above information will resolve this matter.

Sincerely,

Daniel W. Helman, CPA CVA

