

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000075119 (5)

1. Corporation Name

ELITE AUTO ACCESSORIES, INC.



Principal Place of Business

1801-A COMMERCIAL DR
NAPLES FL 33962

Mailing Address

1801-A COMMERCIAL DR
NAPLES FL 33962

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/06/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0535619

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, TIM
1801-A COMMERCIAL DR
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name *As of 1/8*
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

As of 1/8

(NOTE: Registered Agent signature required when needed this)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|------------------|------------------|-----------------|-------------------------------------|
| P | SMITH, TIMOTHY R | 2526 LINWOOD AVE | NAPLES FL 33962 | <input checked="" type="checkbox"/> |
| P | PAGE, GARY L | 26 HAWAII BLVD | NAPLES FL 33962 | <input type="checkbox"/> |
| T | GRUETER, SHARON | 26 HAWAII BLV | NAPLES FL 33962 | <input type="checkbox"/> |
| S | SMITH, TIFFANEY | 2526 LINWOOD AVE | NAPLES FL 33962 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | Change | Addition |
|----------|---------|-------------------|----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *As of 1/8*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/State/Zip

CR2E034 (12/95)

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***200.00

4-11-96