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FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000000293 (7)

1. Corporation Name
R & J AUTO WORKS, INC.



Principal Place of Business
4601 NORTH WESTSHORE BLVD. TAMPA FL 33614

Mailing Address
**C/O WALTER SANDERS
 13910 N DALE MABRY SUITE 1
 TAMPA FL 33618
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4607 N. Lois Ave

2a. Mailing Address
**26 C/O WALTER SANDERS
 Suite, Apt. #, etc.**

22 Suite, Apt. #, etc.

23 City & State
Tampa, Florida

24 Zip
33614

25 Country
Hillsborough

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
12/30/1994

4. FEI Number
59-3287141

Applied For
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**SANDERS, WALTER
 13910 NORTH DALE MABRY
 SUITE ONE
 TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 Walter Sanders **WALTER SANDERS** 2-26-98
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FISHER, RONALD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1095 BENNETT LANE	1.2 NAME	
STREET ADDRESS	BROOKSVILLE FL 34609	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D FISHER, JO ANN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1095 BENNETT LANE	2.2 NAME	
STREET ADDRESS	BROOKSVILLE FL 34609	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE Ronald Fisher Jo Ann Fisher 4/16/98 813-876-1011

CR2E034 (10/97)