FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

3161 24TH AVE. N. 48 ST. PETERSBURG FL 00710

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

7849 TIBURON DA LARGO FL 33773



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020698 (3)

WEST COAST AUTO RECONDITIONING, INC.

DO NOT WRITE IN THIS SPACE 1823 Overview DR. New Port Richey, FL 3. Date Incorporated or Qualified 03/13/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3304946 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHOTT, BILL 7001 66TH STREET NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 83 84 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** Signature, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition PTD TITLE 1.1 TITLE Change MUNDAY, TODD NAME 1.2 NAME 7849 TIBURON DRIVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LARGO FL 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7/P DELETE Change Addition TITLE 4.1 TO LE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 trusted 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

4

813.375-0342

Addition

Addition

Change

Change

FILED

Apr 17 1998 8:00am

Secretary of State