

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0000149

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUL 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P95000056839 (0)

1. Corporation Name

PRO-BUILT AUTOMOTIVE, INC.

Principal Place of Business

4040 S MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address

4040 S MILITARY TRAIL
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0593723

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

TRAVALIN, PETER
9015 W HIGHLAND PINES BLVD
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME STEWART, JAMES H
STREET ADDRESS 6746 MASSACHUSETTS DR
CITY-ST-ZIP LAKE WORTH FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRES.
PETER TRAVALIN
9015 W. HIGHLAND PINES BLVD.
P.B.G. FL 33418

☒ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

5000002597215--4

-07/24/98--01007--005

*****150.00 *****150.00

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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

7-6-98

CR2E034 (5/98)

(2)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

JULY 6, 1998

DEAR SIR,

I HAVE RECEIVED A 2ND NOTICE FOR RENEWAL OF MY CORPORATION AND I NEED YOUR HELP. I HAVE BEEN DIAGNOSED WITH LIVER CANCER IN DECEMBER 1997 AND SINCE THEN I HAVE BEEN IN AND OUT OF THE HOSPITAL FOR CHEMO TREATMENTS AND OTHER THINGS. I HAVE HAD SOMEONE HELPING ME TO RUN THE BUSINESS, BUT THEY DID NOT KNOW WHAT TO DO WITH THE 1ST RENEWAL AND NOW IT WILL COST ME 550.00 TO RENEW. I AM STRUGGLING TO KEEP MY BUSINESS GOING AND IT WILL BE A REAL HARDSHIP TO PAY THIS ADDITIONAL PENALTY. PLEASE, IS THERE ANYTHING YOU CAN DO TO HELP? I AM SENDING IN THE 150.00 WITH THIS FORM AND IF YOU NEED IT I WILL SEND THE DOCTOR AND HOSPITAL BILLS TO SHOW YOU. PLEASE, ANYTHING YOU CAN DO WILL BE A BIG HELP TO ME AT THIS TIME. IT IS ALL I CAN DO TO KEEP GOING, AND THIS BILL WILL REALLY BE A HARDSHIP TO ME.

THANK YOU IN ADVANCE FOR YOUR HELP.

SINCERELY,



PETER TRAVALIN
PRO-BUILT AUTOMOTIVE
4040 S. MILITARY TRAIL
LAKE WORTH, FL. 33463