

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

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056839

1. Corporation Name

Pro-Built Automotive, Inc

Principal Place of Business

Mailing Address

*4040 S. Military Trail
Lake Worth, FL 33463*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 <i>Same As Above</i>	2a <i>Same As Above</i>
22 Suite, Apt. 5, etc.	2a Suite, Apt. 5, etc.
23 City & State	2a City & State
24 Zip	2a Zip
25 Country	2a Country

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

*Peter A. Travalin
4040 S. Military Trail
Lake Worth, FL 33463*

81 Name *Jeanne Travalin*
82 Street Address (P.O. Box Number is Not Acceptable)
4040 S. Military Trail
83
84 City *Lake Worth* FL 85 Zip Code *33463*

11. Pursuant to the provisions of Sections 607.0502 and 607.1808, 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]

(NOTE: Registered Agent signature required when substituting)

8/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President</i>	1.1 TITLE	<i>President</i>
NAME	<i>James K. Breslin</i>	1.2 NAME	<i>Jeanne Travalin</i>
STREET ADDRESS	<i>2538 Holly Lane</i>	1.3 STREET ADDRESS	<i>9015 W. Highland Pines Bl.</i>
CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33410</i>	1.4 CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>
TITLE	<i>Treas</i>	2.1 TITLE	
NAME	<i>Ed Smith</i>	2.2 NAME	
STREET ADDRESS	<i>4965 Plimlico Court</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>West Palm Beach, FL 33415</i>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 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 with all other like empowered.

SIGNATURE:

[Signature]

8/12/99 (561) 691-0357

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