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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

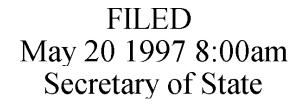
## DOCUMENT # P95000072977 (8)

MECHANIC ACCESSORIES, INC.

Principal Place of Business
2001 JAPTUCKER ROAD PLANT CITY FL 33506
US

Mailing Address

2801 JAPTUCKER ROAD PLANT CITY FL 33568-8545 US



									Į	3. Date Incorporated or Qualified	3a. Date of Last Report			
										09/18/1995	07	/15/1996		
2. Principal P	lace of Busin	1055		26	2a. Mailing Address				ĺ	4. FEI Number		A	pplied For	
21				26	26					<b>65-0609930</b> Not Applice			ot Applicable	
Sulte, Apt.	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired				
City & State					City & State					6. Election Campaign Financing \$5.00 May Be				
23					28					Trust Fund Contribution Added to Fees				
Zip		'	Country		Zip	Cou				8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30								Florida Statutes  Yes X No					
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent				
MILES, JOSEPH J														
2801 JAPTUCKER ROAD PLANT CITY FL 33566								82 Street Address (P.O. Box Number is Not Acceptable)						
							83 City							
												96 7:0	Codo	
							64	City			FL	<b>85</b> Zip	Code	
office or r	egis <b>tere</b> d ag	ent,	of Sections 607.0502 or both, in the State nd accept the obliga	of Flor	rida. Such change	e was author	ized by	the corp	corpor	ation submits this statement for the p a's board of directors. I hereby accep	urpose o of the app	f changing i pointment as	ts registered registered	
SIGNATURE	Cionabre broad	01.045	led name of registered ager	nt and till	in if noule able	(MOTE - Planta	Interest Acres	0) 5 00 00 00 00	racultant	when reinstaling)	DATE			
12.	Signature, typed	or pri	OFFICERS AND				3.	nt signature i	required	ADDITIONS/CHANGES TO OFFIC		DIBECTOR	2S IN 12	
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14. I do heret	by certify that	t the	information supplied s annual report or si	I with t	this filing does no mental annual ren	of qualify for the	he exe	mption sta	ated in that m	n Section 119.07(3)(i), Florida Statutes y signature shall have the same lega	S. I fur <b>i</b> ne	r certify that	the	
I am an of	ficer or direc	otor c	of the perporation or	the re	ceiver or trustee	empowered	exec	ute this re	eport a	y signature shall have the same legal is required by Chapter 607, Florida S	tatutes; a	and that my	name	