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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

appears in Block 12 or Block

SIGNATURE:

DOCUMENT # P95000079447 (5)

AMERICAN AUTOMOTIVE I	PRODUCTS.	INC.
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Mailing Address Principal Place of Business 6001 JOHNS ROAD STE 537 6001 JOHNS ROAD STE 537 TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 3a. Date of Last Benort 10/13/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3338144 Not Applicable 26 7913 SINGING G. PC 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired  $\Box$ Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing TAMPA FL Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s 199 032 Country  $Z_{(D)}$ USA Yes □ No 33615 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name GODBEY, E F JR. Street Address (P.O. Box Number is Not Acceptable) 82 7913 SINGING COURT PLACE 'яз **TAMPA FL 33615** 85 Zip Code .0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am Section 607.0505, Florida Statutes. 11. Pursuant to the p or registered ac SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS 13. 12. 2 Change Addition DELETE TiTLE CR2E034 GODBEY, E F JR. 1.2 NAME NAME 7913 SINGING COURT PLACE 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** 1.4 CITY - \$1 - ZIP CITY ST-ZIF DELETE 2.1 DILE Change Addition Tille GODBEY, JUDY A 2.2 NAME NAME 7913 SINGING COURT PLACE 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** 24 City ST ZIP CITY-ST-ZIE Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZiP City - St - ZiP Change Addition [ DELETE 4 : TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 0(1) - ST-ZIP CITY-ST-ZIF Change Add tion DELETE 5 1 11115 TITLE 5.2 NAMe NAME STREET ADDRESS 5.3 STREET ANDRESS 5.4 CiTY - ST - ZiP CITY-S1-ZIP Change ☐ Addition DELETE 6 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early that I am an officer or director of the corp real or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address.

OF SIGNING OFFICER OR DIRECTOR