

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

FILED

May 06 1997 8:00am
Secretary of State

| | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95 0000 B1670

1. Corporation Name

ADVANCE Machine Cylinders Head Specialist, Inc

Principal Place of Business

Mailing Address

4002 NE 5th AVE
OAKLAND PARK, FL 33334

3. Date Incorporated or Qualified

10-23-95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Bruce Atkinson

82

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

4002 NE 5th AVE

83

84 City

OAKLAND PARK

FL

85

Zip Code

33334

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

(Type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P, S

☐ DELETE

NAME

Bruce Atkinson

STREET ADDRESS

4002 NE 5th AVE

CITY - ST - ZIP

OAKLAND PARK, FL 33334

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, changed or on an attachment with an address.

SIGNATURE: x [Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-97

Date

(54) 563-3429

Daytime Phone #

CR2E034 (9/96)