

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000084682 (0)
1. Corporation Name
AUTO SUN ROOF OF FLORIDA, INC.



Principal Place of Business: 4161 114TH TERRACE NORTH, CLEARWATER FL 34622, US
Mailing Address: 4161 114TH TERRACE NORTH, CLEARWATER FL 34622, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/03/1995
4. FEI Number: 59-3348411
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 (checked), No

9. Name and Address of Current Registered Agent: COWART, ROBERT J., 12000 4TH STREET NORTH, APARTMENT 71, ST. PETERSBURG FL 33716

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JONES, RICHARD W III	
STREET ADDRESS	753 MILL STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	COWART, ROBERT	
STREET ADDRESS	12000 4TH STREET NORTH APT. 71	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONES, RICHARD W III	
1.3 STREET ADDRESS	853 MILL STREET	
1.4 CITY-ST-ZIP	MOORESTOWN NJ 08057	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COWART, ROBERT	
2.3 STREET ADDRESS	12000 4TH STREET NORTH APT. 71	
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33716	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: *Robert J. Cowart* ROBERT J. COWART 4/27/98 (813) 572-4723

CR2E034 (10/97)