


**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90005 012 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P95000085207</b>			
<b>1. Corporation Name</b> <b>A &amp; M AUTOMOTIVE INC.</b>			
<b>Principal Place of Business</b> 2840 WORTH AVE ENGLEWOOD FL 34224		<b>Mailing Address</b> 2840 WORTH AVE ENGLEWOOD FL 34224	
DO NOT WRITE IN THIS SPACE			
<b>2. Principal Place of Business</b> 21 <b>4820 PLACIDA RD</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> 28 <b>4820 PLACIDA RD</b> Suite, Apt. #, etc.	
<b>22. City &amp; State</b> 23 <b>ENGLEWOOD FL</b> Zip Country 24 <b>34224</b> 25 <b>USA</b>		<b>27. City &amp; State</b> 28 <b>ENGLEWOOD FL</b> Zip Country 29 <b>34224</b> 30 <b>USA</b>	
<b>3. Date Incorporated or Qualified</b> <b>10/25/1995</b>		<b>4. FEI Number</b> <b>65-0627068</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$5.00 May Be Added to Fees</b>	
<b>8. Name and Address of Current Registered Agent</b> MCEWEN, ALAN E JR 2840 WORTH AVE ENGLEWOOD FL 34224			
<b>9. Name and Address of New Registered Agent</b> 81 Name: <b>ALAN E MCEWEN JR</b> 82 Street Address (P.O. Box Number is): <b>4820 PLACIDA RD</b> 83 84 City: <b>ENGLEWOOD</b> FL 85 Zip Code: <b>34224</b>			
<b>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.</b> SIGNATURE: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>12. OFFICERS AND DIRECTORS.</b> <input type="checkbox"/> DELETE		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEWEN, ALAN E JR 1610 YAKUTAT ROAD NORTH PORT FL 34287	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEWEN, TERRIA A 1610 YAKUTAT ROAD NORTH PORT FL 34287	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)