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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000086056 (5)

SOUTHEAST AUTO PRODUCTS, INC.

Principal Place of Business 5130 NW 15TH ST., BAY G MARGATE FL \$3063 Mailing Address

5130 NW 15TH ST., BAY G MARGATE FL 33063

FILED May 01 1998 8:00am Secretary of State



MARGATE TE 9000		WAROKTE FL SSUOS				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
· · · · · · · · · · · · · · · · · · ·						11/08/1995			
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number	- 	oplied For	
Suite, Apt.	# #to	26				65-0627409		ot Applicable	
22 Suile, Apr.	#, G (C)	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional equired	
City & State		27				A Floring Countries Figure 1		•	
23	-	28]				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added (
Zip	Country	Zip	Countr			This corporation owes or has paid the curri			
24	25	29	30	ŕ		· · · · · · · · · · · · · · · · · · ·] No	
	9. Name and Address of Curren		1			10. Name and Address of New Registered A	gent		
Ε	PSTEIN, STEVEN			81	Name				
5130 NW 15TH ST., BAY G				82 Street Address (P.O. Box Number is Not Acceptable)					
	IARGATE FL 33083					Alloca (1.0. Dox Hallider is Hat Adopplate)			
				83					
			-	84	City		85 Zip (Code	
	·	·			,	FL.	1 '		
11. Pursuant to the provisions of Sections 607.0502 and 607.0502 and 607.1508, Florida Statutos, 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 Signature: typind or prode tinume of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating). DATE									
12.	Signature: typing or profession earling element right. OFFICERS ANI		13.	Ager	at signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	00 111 10	
TITLE	PD	DELETE	1.1 [17]	L F		1/057	Change	Addition	
NAME	EPSTEIN, STEVEN	<u></u>	1.2 NA			Seott Brossington 7612 NW72 Terrace Tomorac Florida 33321			
STREET ADDRESS	5130 NW 15TH ST., BAY G		1		ADDRESS	7612 NW72 Terrace		,	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CIT		1-7IP	Tomorpe Floricla 33321	1		
TITLE	VPST	DELETE	2.1 111				Change	Addition	
NAME	EPSTEIN, LEE		2.2 NAME						
STREET ADDRESS	2501 ROCK ISLAND ROAD	APT 305	2.3 STF	RÉELA	ADDRESS				
CITY-ST-ZIP	MARGATE FL		2.4 01	IY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITI	LE			Change	Addition	
NAME			3.2 NAI	ME					
STREET ADDRESS			3.3 STF	REELA	ADDRESS				
CITY-ST-ZIP			3.4. CH		1- Z IP				
TITLE		☐ DELETE	4.1 TITI	LF	1		Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT		- ZIP				
TITLE	L. D€LETE			5 1 TITLE		ι	Change	Addition	
NAME			52 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5 4 CIT		- 7(P		7.05	1,100	
TITLE		☐ DELETE	6.1 TITU			l	Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	artification information a unpliced un	at all is filler along the second second	6.4 CIT	Y-ST	- ZIP	- 0			

In nereby 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: X (LAW)

CTRINOW AF DITEN

4/2/98

ON 919.172 &