

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000086305 (6)**

1. Corporation Name
T-N-A CUSTOM AUTO TRIM, INC.

Principal Place of Business
**55 W. 8TH ST.
ATLANTIC BCH. FL 32233**

Mailing Address
**55 W. 8TH ST.
ATLANTIC BCH. FL 32233-3411**

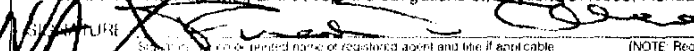


2. Principal Place of Business 21 2831 EMPIRE CHURCH RD Suite, Apt. #, etc.		2a. Mailing Address 26 2831 EMPIRE CHURCH RD Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/09/1995	3a. Date of Last Report 05/01/1996
22 City & State 23 GROVELAND, FL		27 City & State 28 GROVELAND, FL		4. FEI Number 59-3344007	Applied For <input type="checkbox"/> Not Applicable
24 Zip 34736		29 Zip 34736		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Country		31 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FREEDMAN, NORMAN P ESQ
525 N. NEWMAN ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 for the corporation with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/10/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ABEL, FRANK		1.2 NAME	
STREET ADDRESS 2759 FRESNO DR.		1.3 STREET ADDRESS 2831 EMPIRE CHURCH ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32250		1.4 CITY-ST-ZIP GROVELAND, FL 34736	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TERRY, BYRON		2.2 NAME	
STREET ADDRESS 1119 HARMONY DR. N		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32250		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0037655

CR2E034 (9/96)