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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013856 (5)

NATIONAL AXLE REBUILDERS CORPORATION

Principal Place of Business Mailing Address

7912 WILLOWBROOK CT. 7912 WILLOWBROOK CT. HUDSON FL 34667 HUDSON FL 34667-1472

FILED May 06 1997 8:00am Secretary of State



HUDSON FL 34867		HUDSON FL 34667-1472			
				3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
<u>21</u> 853	9 New York Ave	26 SAME AS	Moore.	59-3360	Not Applicable
Suite, Apt.	nut 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	dson 12	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24 346		29	30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
	VMAN, GARY		81 Name	Judy Weaver	
	WILLOWBROOK CT.		82 Street	Address (P.O. Box Number is Not Acceptab	ole)
HUD	SON FL 34667		LL	1415 Maybury DY	
I			83	, , , , , , , , , , , , , , , , , , , ,	
I			84 City		85 Zip Code
			,	Holiday	- FL 34691
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the above-named	corporation submits this statement for the poration's board of directors. I hereby acceptors	ourpose of changing its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section/607.0505. Fi	orida Statutes.	poration's board of directors, Thereby acces	of the appointment as registered
SIGNATURE	\sim \sim \sim	(1/0 x/1 x /0/01 x0 x			
	Signature, typed or printed name of registers to high		L. Registered Agent signature		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D //	DEFETE	1.1 TITLE	OWNER / PRESIDENT	Change Addition
NAME	ROSE, MINDY	,	1.2 NAME	GARY NEWMAN	•
STREET ADDRESS	4231 MARINE PKY.		1.3 STREET ADDRESS	7912 Willowbrook Ct	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		1.4 C(TY-ST-7)P	Hudson FL 34667	
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.9 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.9 STREET ADDRESS		
CITY-ST-ZIP			3 4. CHY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME .			4 2 NAME		
STREET ADDRESS		,	4 3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-ST-ZIP		
TITLE	-	DELETE	51 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STHEET ADDRESS	·	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	by certify that the information supplied	with this films dose not quali		stated in Section 119 07/3)(i) Florida Statuto	e. I further continue 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

CIONATURE.

Hand nouman

Engularion ubelan 1-013-8