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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015555

AFTERMARKET AUTO AIR, INC.

| Principal Place of Business | Mailing Address |
|-----------------------------|------------------------|
| P.O. BOX 572 | P.O. BOX 572 |
| DAYTONA BEACH FL 32115 | Daytona Beach FL 32115 |

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90111 047 ***150.00



| Principal Place | e of Business | Mailing Address | | | | 1 1441744 | -3 30.011 | | , |
|---|--|-------------------------------------|----------------------------|---------------------------------|-----------------------------|--|--------------|--------------|---|
| P.O. BOX 572 | | P.O. BOX 572 | | | | | | | |
| DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115 | | ļ | DO NOT WRITE IN THIS SPACE | | | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | SIN IHIS | SPACE | |
| | | | | | | = | | | |
| Principal Place of Business 2a. Mailing Address | | | | | 02/16/1996 4. FEI Number | | - An | plied For | |
| ⊢ ' | lace of Business | 2a. Mailing Address | | | ** | | | | |
| 21 | | 26 | | | | 59-3361114 | | | t Applicable |
| <u> </u> | Suite, Apt. #, etc. | | , | 5. Certifcate of Status Desired | | \$8.75 A | | | |
| 22 | | 27 | | | | | | | <u> </u> |
| City & State | | ⊢ ' | City & State | | | 6. Election Campaign Financing | | \$5.00 | |
| 23 | _ | 28 | | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip | _ Coun¹ | try | | This corporation owes the currer | it year Inta | | |
| 24 | 25 | 29 3 | 0 | | | Personal Property Tax. | | ☐ Yes | □No |
| | 9. Name and Address of Current | t Registered Agent | | na 11 | | 10. Name and Address of New Re | gistered / | Agent | |
| 014 | THEY BONALD | | 1 | B1 Na | ame | | | | |
| | ENEY, RONALD | | 1 | B2 Sti | reet Addres | s (P.O. Box Number is Not Acceptab | le) | | |
| | CAREY DRIVE | | L | | | <u></u> | | | |
| SOU | TH DAYTONA FL 32119 | | 1 | B3 | | | | | |
| | | | <u>}</u> | 84 Cit | | | | 85 Zip (| ode. |
| | | | Ι' | | ıy | | FL | CS Z,P \ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607.1508, Florida Statutes | , the abo | ove-nai | med corpor | ation submits this statement for the p | urpose of | changing its | registered |
| office or r | registered agent, or both, in the State of m familiar with, and accept the obligation | of Florida. Such change was auti | norized i | by the o | corporation | 's board of directors. I hereby accept | tne appoir | itment as re | gistered |
| - | in familiar with, and accept the obligati | ions of, Scotton Gartssas, Florid | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: R | egistered A | gent signa | ature required w | when reinstating) | DATE | | |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AN | D DIRECTO | RS IN 12 |
| TITLE | D | DELETE | 1.1 TITL | E | | | | Change | ☐ Addition |
| NAME | SWEENEY, RONALD | | 1.2 NAM | Œ | | | | | |
| STREET ADDRESS | *** | | 1.3 STR | EET ADDF | RESS | | | | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | | 14000 | r-ST-ZIP | l l | | | | |
| TITLE | D | DELETE | 2.1 TTL | | | | | ☐ Change | Addition |
| NAME | SWEENEY, BRENDA J | | 2.2 NAV | ΛF. | | | | | |
| | *** **** | | 1 | EET ADDR | DEGG | | | | |
| STREET ADDRESS | | | | | - 1 | | | | |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 | ☐ DELETE | 3.1 TITL | Y-ST-ZIP | | | | Change | Addition |
| TITLE | 1 | Doctor | | | } | | | | |
| NAME | | | 3.2 NAM | | DE00 | | | | |
| STREET ADDRESS | 1 | | 1 | EET ADDA | | | | | |
| CITY-ST-ZIP | | C) OCUETE | | Y-ST-ZIP | <u>'</u> - | | | Cl Change | ☐ Addition |
| TITLE | | ☐ OELETE | 4.1 TITL | | | | | Change | Audition |
| NAME | | | 4. 2 NAM | VIE. | | | | | |
| STREET ADDRESS | | | 43 STR | EET ADDI | RESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY | /-ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | | | | | Change | ☐ Addition |
| NAME | | | 5.2 NAW | Æ | | | | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDF | RESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY | Y-ST-ZIP | 1 | _ | | | |
| TITLE | | ☐ DELETE | 6.1 TITL | .E | | | | Change | Addition |
| NAME | | | 6.2 NAM | Æ | | | | | |
| STREET ADDRESS | <i>:</i> | | 6.3 STR | EET AOD | RESS | | | | |
| CITY-ST-ZIP | , | | 6.4 CITY | r-ST-ZIP | | | | | |
| OH I SI LIF | | | _ | | | | | | |

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: