DOCUMENT #: P9600015555 AFTERMARKET AUTO AIR, INC.					FILED OI JUL 13 PM 1:	47	(Q/3	
Principal Place of Business P.O. BOX 572 DAYTONA BEACH FL 32115		Mailing Address P.O. BOX 572 DAYTONA BEACH FL 32115		Ī,	SELRETARY OF STATE. TALEAHASSEE: FEORIDA			
2. Principal Place of Business		3. Mailing Address			T (ESTUBER AND 1914) SAMIN BATH BRUM BATH SAMIN MARK	1801 1801 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3361114		plied For t Applicable	
Zip Country		Zip Co	p Country		5. Certificate of Status Desired			
	6. Name and Address of Current R	legistered Agent	No	7. 1	Name and Address of New Registered Age	•		
SWEENEY, RONALD					(DO DO NOTE OF A PARTY			
805 CAREY DRIVE SOUTH DAYTONA FL 32119			Street Addres	treet Address (P.O. Box Number is Not Acceptable)				
્ર			City	FL Zip Code)	
8. The above	e named entity submits this statement for	the purpose of changing its regis	tered office or regi	stered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regio	stered Agent signature req	uired when re	einstating) DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta			Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11.	OFFICERS AND D		12.	ΑD	DITIONS/CHANGES TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWEENEY, RONALD NA 805 CAREY DRIVE ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP		700044994 ^{*********} -07/26/0101007020 ****150.00 ****150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, BRENDA J 805 CAREY DRIVE SOUTH DAYTONA FL 32119		TITLE NAME STREET ADDRESS CITY-ST-ZIP		: ' LS] Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the co	d on this report or supplemental report is t rporation or the receiver or trustee empov I, or on an attachment with an address, wi	rue and accurate and that my sig wered to execute this report as re ith all other like empowered.	gnature shall have to quired by Chapter	ne same 607, Flori	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am ida Statutes; and that my name appears in B	an officer lock 11 or	Block 12 if	

OF PIGNING OFFICER OR DIRECTOR Sweeney 7-6-4 756-3823

División of Corporations **Uniform Business Report Filings** P O Box 1500 Tallahassee, FL 323302-1500

July 9, 2001

RE: Document # P96000015555 Aftermarket Auto Air, Inc. . P O Box 572 Daytona Beach, FL 32115 FEI # 59-3361114

2001 UBR

To whom it may concern:

Due to sickness that has taken me back and forth to Mayo Clinic since the first of the year, I have not been well enough to see to my affairs. As I am starting to get around some, I am starting to take care of my affairs now. I ask that you waive the \$ 400.00 late fee due to my illness.

Thank you very much for the consideration to do this.

Sincerely,

Brenda Sweeney

Vice-President

Aftermarket Auto Air, Inc.