07221999-90012-030-$150.00-$150.00

999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 22, 1999 8:00 am
Secretary of State
07-22-1999 90012 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031598

1. Corporation Name

PALM BEACH MOTORING ACCESSORIES, INC.

Principal Place of Business	Mailing Address
2006 S.W. BRIAR OAK TRAIL PALM CITY FL 34990	2006 S.W. BRIAR OAK TRAIL PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.: 1721 N Congress Ave
22
23 City & State: Boynton Beach, FL
24 Zip: 33426
25 Country: Palm

2a. Mailing Address
26 Suite, Apt. #, etc.: 1721 N Congress Ave.
27
28 City & State: Boynton Beach, FL
29 Zip: 33426
30 Country: Palm Beach

4. FEI Number: 65-0675569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAMS, DANIEL J ESQ
1645 PALM BEACH LAKES BLVD. #1050
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Robert Mckee
82 Street Address (P.O. Box Number is Not Acceptable): 1721 N Congress Avenue
83
84 City: Boynton Beach FL 85 Zip Code: 33426

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. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: X R. D. McKee — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	MCKEE, ROBERT		1.2 NAME		
STREET ADDRESS	2006 S.W. BRIAR OAK TRAIL		1.3 STREET ADDRESS	1721 N Congress Ave	
CITY-ST-ZIP	PALM CITY FL 34990		1.4 CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-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	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: X R. D. McKee SIGNATURE REQUIRE — 7-16-99 — 561-733-8014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #