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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041807

1. Corporation Name
DEBRA KEESEE GRAVES AUTOMOTIVE CONSULTING, INC.

Principal Place of Business 18 NO OAK STREET LAKE PLACID FL 33852	Mailing Address P.O. BOX 1649 LAKE PALCID FL 33862 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2920 US27 S. Ave		2a. Mailing Address 26 P.O. Box 1649	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 Sebring, Florida		City & State 29 Lake Placid Fl.	
Zip 24 33870		Country 25 Highlands	
Country 29 33870		Country 30 Highlands	
9. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 227 NO RIDGEWOOD DRIVE SEBRING FL 33870			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GRAVES, DEBRA K	1.2 NAME	
STREET ADDRESS	124 LAGONI LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	1.4 CITY-ST-ZIP	
TITLE	DPV	2.1 TITLE	
NAME	GRAVES, JOHN R	2.2 NAME	
STREET ADDRESS	124 LAGONI LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Debra Keesee Graves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 402-1819
Date Daytime Phone #

CR2E034 (11/98)