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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000041950 (2)

AA RADIATORS UNLIMITED, INC.

Principal Place of Business Mailing Address 1210 11TH STREET EAST 1210 11TH STREET EAST PALMETTO FL 34221-4153 PALMETTO FL 34221 3a. Date of Last Report 3. Date Incorporated or Qualified 05/16/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0670374 21 Not Applicable Suite, Apt. #, etc. Suite, Apl. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country B. This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TERRY, BRENT 1210 11TH STREET EAST 82 Street Address (P.O. Box Number is Not Acceptable) PALMETTO FL 34221 83 84 City 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. I forida Statutes. SIGNATURE Signature, typed or pointed native of registered agent and little if applicable (NO°). For gistered April is gnature required when reinstating: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.11010 TERRY, BRENT NAME 1.2 NAME 1210 11TH STREET EAST 1.3 STREET ADORESS STREET ADDRESS PALMETTO FL 34221 CHY-ST-ZIP 1.4 CHY - ST - 7(P) DELETE Change Addition TITLE 21 1011 NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CISY - S1 - 7IP 🔲 DELETE Change Addition TITLE 3.1.1011 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CHY+ S1 - 7IP CITY - \$7 - 7JP ☐ DELETE 4 1 1111 Change ___ Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$T-ZIP 4.4 CITY - STHZIP ___ Change DELETE Addition TITLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.9 STREET ADDRESS CITY-ST-ZIP 5.4 C(1y - S1 - Z)P DELETE Change Addition TITLE 6.11111.F 6.2 NAME STREET ADDRESS G 3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not quarify 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 effectment with an address.

CITY-ST-ZIP

6.4 CUTy - S1 - ZIP

FILED

Mar 14 1997 8:00am

Secretary of State