SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

P96000053844 (2)

FLORIDA RECONDITIONING, INC.

Principal Place of Business Mailing Address Oct 01 1998 8:00am Secretary of State



2607 ULTRA VI MAITLAND FL S US		2667 ULTRA VISTA DR MAITLAND FL 32751 US				DO NOT WRITE IN TH 3. Date Incorporated or Qualified 06/24/1996	IS SPACE
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21		26				59-3387106	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27				5. Continuate of Status Booting	Fee Required
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the c	
24	25	29	30				Yes No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	d Agent
BRYANT, DAVID J				١,	Name		_
2667 ULTRA VISTA DR MAITLAND FL 32751				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)	
				83			
				63			
			-	84	City	F	85 Zip Code
office or agent. I s	to the provisions of sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	le of Florida. Such change w	as authorized	i by 1	the corporat	oration submits this statement for the purpose of tion's board of directors. I hereby accept the app	ch a nging its registered ol ntm ent as registered
SIGNATURE .	Signature, typed or printed name of registered ag	ent and little if applicable	(NOTE: Register	ed Ag	ent signature rec	quired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	BRYANT, DAVID J		1 1 TIT	1 1 TITLE			Change Addition
NAME			1.2 NA	ME			
STREET ADDRESS	2667 ULTRA VISTA DR	1.38		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE		DELETE	2 1 TIT		Į		Change Addition
NAME			2 2 NA				
STREET ADDRESS	2.3		2.3 STF	2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		L_ DELETE					Change Addition
NAME			3.2 NAI				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE					Change Addition
NAME			4.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		···-	4.4 CIT		ZIP		
TITLE		DELETE	5.1 TiT				Change Addition
NAME			5.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE				6.1 TITLE 6.2 NAME			Change Addition
NAME			# 6.2 NA	ME	1		

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.

(0, 11, 11)

6.3 STREET ADDRESS

STREET ADDRESS