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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068224 (0)

ULTIMATE AUTOMOTIVE, INC.

Principal Place	of Business	

Mailing Address

FILED May 02 1997 8:00am Secretary of State



4715 62ND AVE N PINELLAS PARK FL 33781		4715 62ND AVE N PINELLAS PARK FL 3	4715 62ND AVE N PINELLAS PARK FL 33781-5910					
					3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last R	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 2201/ 50		pplied For	
21	4 414	26 Cuito Apt # sto			39-3394631		ot Applicable	
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Certificate of Status Desired S8.75 Additional Fee Required		
City & State	9	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	nlry	8. This corporation has liability for i	ntangible tax under s		
24	9. Name and Address of Curr	ent Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No		
KI EII	N, MIKE	eur neglisteren waarn		81 Name	IV. Name and Address of New He	Signator Maint		
	62ND AVE N							
	LLAS PARK FL 33781			82 Street Ad	dress (P.O. Box Number is Not Acceptab	(0)		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				83				
			-	84 City		85 Zip	Code	
11. Pursuant l	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida S ite of Florida, Such change i	italutes, the ab	ove-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered	
agent. I a	m familiar with, and accept the ob	igations of, Section 607.050	5, Florida Stati	ites.	and 10 20 20 20 20 20 20 20 20 20 20 20 20 20	The appearance of		
SIGNATURE	Signature, typed or printed name of registered	and the same states	MICH Desidend		quired when reinstating)	DATE		
12.		ND DIRECTORS	13.	Agent signature ret	ADDITIONS/CHANGES TO OFFIC		RS IN 12	
TITLE		DELETI		LE 🗸	J	Chases	Addition	
NAME			1,2 NA	ME D	ANNY SHIPMAN 124 BONNIE BAY CIRCLI INELLAS PARK FL 3378			
STREET ADDRESS			1.3 \$1	REET ADDRESS 🂪	724 Bonnie Bay circu	-		
CITY-ST-ZIP			1.4 CIT	Y-S1-ZIP P	<u>INELLAS PARK FL 33'18</u>	.		
TITLE		☐ DELET	2170	I E		Change	Addition	
NAME			2.2 NA			•		
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETI		TY-ST-ZiP		Change	Addition	
TITLE		ריין טגנגוו		i		change	L_J Addition	
NAME STREET ADDRESS			3.2 NA	ME REE1 ADDRESS				
CITY-ST-ZIP				1Y-S1-7#				
TITLE		DELETI				Change	Addition	
NAME			4 2 N/	AMF .				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY-ST-ZIP			4,4 CI	Y-SI-7IP				
TITLE		DELETI	5 1 TIT	ιE		Change	☐ Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5,3 \$1	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP	··		——————————————————————————————————————	
TITLE		☐ DELETI		1		L Change	☐ Addition	
NAME			6,2 NA	1				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			6,4 CI	Y-S1-ZIP	440.02/0/// 51			

I do 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 supplimental 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.

Makingold On One

11/22/00 (012)572-0168