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FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008025 (3)

1. Corporation Name

AMERICAN CRANKSHAFT REBUILDERS, INC.



Principal Place of Business

% JAMES MCCUISTON
446 19TH STREET
VERO BEACH FL 32960-5427

Mailing Address

% JAMES MCCUISTON
446 19TH STREET
VERO BEACH FL 32960-5427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1997

4. FEI Number

65-0729350

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 or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 3525 NW 10 Ave

Suite, Apt. #, etc.

22 City & State

23 Oakland Park, FL

24 Zip 33309

25 Country

2a. Mailing Address

26 3525 NW 10 Ave

Suite, Apt. #, etc.

27 City & State

28 Oakland Park, FL

29 Zip 33309

30 Country

9. Name and Address of Current Registered Agent

MCCUISTON, JAMES
446 19TH STREET
VERO BEACH FL 32960-5427

10. Name and Address of New Registered Agent

81 Name

Robert Hayes

82 Street Address (P.O. Box Number is Not Acceptable)

83 3525 NW 10th Ave

84 City

Oakland Park

FL

85 Zip Code 33309

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

TITLE D
NAME MCCUISTON, JAMES
STREET ADDRESS 446 19TH STREET
CITY-ST-ZIP VERO BEACH FL 32960-5427

TITLE D
NAME MCCUISTON, ANGELA
STREET ADDRESS 446 19TH STREET
CITY-ST-ZIP VERO BEACH FL 32960-5427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Robert Hayes
1.3 STREET ADDRESS 3525 NW 10 Ave
1.4 CITY-ST-ZIP Oakland Park, FL 33309

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

Signature

Signature

CR2E034 (10/97)