

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

FILED

May 21 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Motham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000054457 (1)

1. Corporation Name  
A-1 CHIP REPAIR CORP.

Principal Place of Business  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
P.O. BOX 359  
DELRAY BEACH FL 33447



DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br>21 P.O. BOX 359<br>22 Suite, Apt. #, etc.   |  | 2a. Mailing Address<br>26 PO BOX 359<br>27 Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br>06/20/1997   |  |
| 23 City & State<br>DELRAY BEACH FL  |  | 28 City & State<br>DELRAY BEACH, FL                            |  | 4. FEI Number<br>65-0762237   |  |
| 24 Zip<br>33447   |  | 29 Zip<br>33447  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |  |
| 25 Country<br>USA   |  | 30 Country<br>USA  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br>AMERILAWYER CHARTERED<br>343 ALMERIA AVENUE<br>CORAL GABLES FL 33134 |  |  |  | 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 in full name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|------------------------|---|------------------------|
| TITLE                      | PRESIDENT              | 1.1 TITLE   |                        |
| NAME                       | OLIVER CROMWELL        | 1.2 NAME  |                        |
| STREET ADDRESS             | PO BOX 359             | 1.3 STREET ADDRESS                                    | 157 YACHT CLUB WAY 212 |
| CITY-ST-ZIP                | DELRAY BEACH FL 33447  | 1.4 CITY-ST-ZIP                                       | HYPO LUXO, FL 33462    |
| TITLE                      | VICE PRESIDENT         | 2.1 TITLE   |                        |
| NAME                       | OLIVER CROMWELL        | 2.2 NAME  |                        |
| STREET ADDRESS             | PO BOX 359             | 2.3 STREET ADDRESS                                    | 157 YACHT CLUB WAY 212 |
| CITY-ST-ZIP                | DELRAY BEACH, FL 33447 | 2.4 CITY-ST-ZIP                                       | HYPO LUXO, FL 33462    |
| TITLE                      | SECRETARY              | 3.1 TITLE   |                        |
| NAME                       | OLIVER CROMWELL        | 3.2 NAME  |                        |
| STREET ADDRESS             | PO BOX 359             | 3.3 STREET ADDRESS                                    | 157 YACHT CLUB WAY 212 |
| CITY-ST-ZIP                | DELRAY BEACH, FL 33447 | 3.4 CITY-ST-ZIP                                       | HYPO LUXO, FL 33462    |
| TITLE                      | TREASURER              | 4.1 TITLE   |                        |
| NAME                       | OLIVER CROMWELL        | 4.2 NAME  |                        |
| STREET ADDRESS             | PO BOX 359             | 4.3 STREET ADDRESS                                    | 157 YACHT CLUB WAY 212 |
| CITY-ST-ZIP                | DELRAY BEACH, FL 33447 | 4.4 CITY-ST-ZIP                                       | HYPO LUXO, FL 33462    |
| 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.

SIGNATURE: Oliver A. Cromwell President  
OLIVER A. CROMWELL 4/22/98 561-549 2424

CR2E034 (10/97)