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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700063481 (0)  AUTOMOTIVE MANAGEMENT CONSULTANTS, USA, INC.								
Principal Place of Business Mailing Address								
5426 CRAFTS ST 5426 CRAFTS ST NEW PORT RICHEY FL 34652 NEW PORT RICHEY				34652		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	IS SPACE	
						07/21/1997		
<del>_</del>	Place of Business	<u> </u>	2a. Mailing Address			4. FEI Number 59-34846-29	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			39-3787647	Not Applicable	
Strite, Apr. 4, etc.			27			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	ite		City & State			8. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country		Zip	Coun	try	8. This corporation owes or has paid the		
24	25	29		<u> 30</u>		Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Cu ARREN, RICHARD	trent Negls	resen viteur		1 Name	10. Name and Address of New Register	ad Måaur	
5426 CRAFTS ST NEW PORT RICHEY FL 34652					82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code			
office or agent. I SIGNATURE		- /	RKHARA WA	ece-		rporation submits this statement for the purpos- ation's board of directors. I hereby accept the a ured when reinstating) DAT	4-14-98	
12.		AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	RICHARD W	775Ra	DELETE	1.1 TITL			Change Addition	
NAME	1824 7 SPELLY.	s was	- 195c 206	1.2 NAM	l l			
STREET ADDRESS	Now Pout Riche	34655		EET ADDRESS				
CITY+ST-ZIP TITLE		4	DELETE	1.4 CITY 2.1 TITL	+ST-ZIP		Change Addition	
NAME	4252 Mills	Land .	سلا	22 NAM				
STREET ADDRESS	THIN NEUS 6153 MILLS NEWBET RICH	40.6	21/1	2.3 STRI	EET ADDRESS			
CITY-ST-ZIP	NEWLOST 111C	46X /4	. 376.75	2. 4 CIT	r-st-zip			
TITLE			DELETE	3.1 TITLE			Change Addition	
NAME	1			3.2 NAM	E E			
STREET ADDRESS	•			3.3 STR	ET ADDRESS			
CITY-ST-ZIP	<del> </del>		T bei eee		r-ST-ZIP			
TITLE			☐ DELETE	4.1 TITL	1		Change Addition	
NAME				4. 2 NAA	-			
STREET ADDRESS	}				ET ADORESS			
CITY-ST-ZIP	<del> </del>	<del></del>	DELETE		-ST-ZIP		Change Addition	
TITLE			□ DELETE	5.1 TITLE			Fire and Fire Fire volument	
NAME	1			5.2 NAM	ì			
STREET ADDRESS	i			■ 5.3 STR	ET ADDRESS			

14. Phereby 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**FILED** 

May 01 1998 8:00am

Secretary of State

372-2675