


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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000075444 (4)
 1. Corporation Name
MARTIN AUTO PERFECTION, INC.



Principal Place of Business 205 RUNNING HORSE RD. SEFFNER FL 33584	Mailing Address 205 RUNNING HORSE RD. SEFFNER FL 33584
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1817 Sterling Palms Ct.		2a. Mailing Address 26 1817 Sterling Palms Ct		3. Date Incorporated or Qualified 08/29/1997	
Suite, Apt. #, etc. 22 301		Suite, Apt. #, etc. 27 301		4. FEI Number 59-346611	
City & State 23 Brandon FL		City & State 28 Brandon, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 FL 33511		Zip 29 33511		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MARTIN, JASON
205 RUNNING HORSE RD.
SEFFNER FL 33584

10. Name and Address of New Registered Agent
 61 Name **Jason Martin**
 62 Street Address (P.O. Box Number is Not Acceptable)
1817 Sterling Palms Ct
 63 **#301**
 64 City **Brandon** **FL** 85 Zip Code **33511**

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]* **JASON A. MARTIN** DATE **1-5-97**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARTIN, JASON
STREET ADDRESS	205 RUNNING HORSE RD.
CITY-ST-ZIP	SEFFNER FL 33584
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTIN, JASON
1.3 STREET ADDRESS	1817 Sterling Palms Ct #301
1.4 CITY-ST-ZIP	Brandon FL 33511
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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; 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]* **JASON A. MARTIN** DATE **1-5-97** **813-651-5623**

CR2E034 (10/97)