


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

FILED  
Jan 20 1998 8:00am  
Secretary of State

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

**DOCUMENT # P97000075444 (4)**  
 1. Corporation Name  
**MARTIN AUTO PERFECTION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>205 RUNNING HORSE RD.<br/>SEFFNER FL 33584</b> | Mailing Address<br><b>205 RUNNING HORSE RD.<br/>SEFFNER FL 33584</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |                          |   |                          |   |
|---|--------------------------|---|--------------------------|---|
| 3. Date Incorporated or Qualified<br><b>08/29/1997</b>              |                          | 4. FEI Number<br><b>59-346611</b>                       |                          | Applied For<br><input type="checkbox"/>   |
| 2. Principal Place of Business<br>21 <b>1817 Sterling Palms Ct.</b> |                          | 2a. Mailing Address<br>26 <b>1817 Sterling Palms Ct</b> |                          | Not Applicable<br><input type="checkbox"/>  |
| Suite, Apt. #, etc.<br>22 <b>301</b>                                |                          | Suite, Apt. #, etc.<br>27 <b>301</b>                    |                          | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| City & State<br>23 <b>Brandon FL</b>                                |                          | City & State<br>28 <b>Brandon, FL</b>                   |                          | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| Zip<br>24 <b>FL 33511</b>   | Country<br>25 <b>USA</b> | Zip<br>29 <b>33511</b>                                  | Country<br>30 <b>USA</b> | 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<br><b>Jason Martin</b>   |
| 62 Street Address (P.O. Box Number is Not Acceptable)<br><b>1817 Sterling Palms Ct</b> |
| 63 <b>#301</b>   |
| 64 City<br><b>Brandon</b>  |
| 65 State<br><b>FL</b>  |
| 66 Zip Code<br><b>33511</b>  |

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**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|  |  |
|--|--|
| 1.1 TITLE<br><b>D</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>MARTIN, JASON</b>                         |  |
| 1.3 STREET ADDRESS<br><b>1817 Sterling Palms Ct #301</b> |  |
| 1.4 CITY-ST-ZIP<br><b>Brandon FL 33511</b>               |  |
| 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; that 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)