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

*CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

ALITOMOTIVE SERVICES OF VOLUSIA CO.

FILED Jul 21 1998 8:00am Secretary of State

	ad Pusiness				
Principal Place		Mailing Address			
34 RIVER RIDGE TRL. 34 RIVER RIDGE TRL. ORMOND BEACH FL 32931 ORMOND BEACH FL 3293					
			T FL JEBUI		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 09/24/1997
2. Principal Place of Business 2a, Mailing Address			oss		4. FEI Number Applied For
2126					59-347555 4 Not Applicat
Suite, Apt.	#, e1c.	Suite, Apl. #,	Suite, Apl. #, etc.		Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	e	City & State	• •••••		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count	iy	8. This corporation owes or has paid the current year Intangible
24	25 g, Name and Address of Curr	29	30		Personal Property Tax due June 30. Yes No
	NYAN, GARY C		8	1 Name	U, Hallo allo Addiess of Non Hegielerou Agent
			Ľ		
3960 \$. Banana River Blvd. Cocoa Beach Fl 32931			8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
00	OUR DEMON FL 32831		8:	3	
			•	[
			8	4 City	FL 85 Zip Code
	10.000	4.00 - 1.002 44.00 Et :		<u> </u>	rporation submits this statement for the purpose of changing its registered
12.	Signature, typed or printed non-e-of-registered OFFICERS A	AND DIRI CTORS	13.		ined when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	U HOUSE MARCOD	∐ DL		1	Change Additio
NAME	HOUSE, JAMES R 34 RIVER RIDGE TRL.		1.2 NAME	-	
STREET ADDRESS	ADMOND BEACH EL 20024			ET ADDRESS	
CITY-ST-ZIP	UNMUND BEACH FL 3293		1.4 CITY-		Character Addition
TITLE		□ DE	•		Change Additio
NAME			2.2 NAME		
STREET ADDRESS			1	ET ADDRESS	· ·
CITY-ST-ZIP		DE	LETE 31 THLE		Change Additio
TITLE		L. 101	3.2 NAME	ŀ	C Manife C Monito
STREET ADDRESS				ET ADDRESS	
					/ /
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DE	3.4. CITY LETE 4.1 TITLE		Change Additio
NAME		<i>السا السا</i>	4.7 INCE	1 ·	10-15.
STREET ADDRESS				ET ADDRESS	4/1/1
CITY-ST-ZIP			4.3 SINE		
TITLE		DE			Change Additio
NAME			5.2 NAME	<u> </u>	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CiTY-		•
TITLE					Change Addition
NAME			6.2 NAME		500002599625
STREET ADDRESS				E) ADDRESS	-07/27/9801107041
CITY CT 74D	•			CI 7ID	***150.00

14. Thereby 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 supplied and accurate and that my signature shall have the same logal 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