


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90157 037 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																													
DOCUMENT # P97000089982 1. Corporation Name AUTO PERFORMANCE II, INC.																																																																																																															
Principal Place of Business 3327 W COLONIAL DR ORLANDO FL 32808 US		Mailing Address 10908 EAST COLONIAL DRIVE ORLANDO FL 32817																																																																																																													
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9. Name and Address of Current Registered Agent KRAKAR, MICHAEL J 19 EAST CENTRAL BOULEVARD ORLANDO FL 32817		10. Name and Address of New Registered Agent 81 Name Fulton, William R 82 Street Address (P.O. Box Number is Not Acceptable) 5766 Grandee Drive 83 84 City Orlando FL 85 Zip Code 32829																																																																																																													
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 <i>[Signature]</i> DATE <i>4/10/99</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
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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, with an other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99
 Date

407 384-010
 Daytime Phone #

CR2E034 (1/198)