

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

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000104347 (4)

1. Corporation Name
ALLY IMPORTS INC.



Principal Place of Business
**12179 APOPKA VINELAND ROAD
 SUITE #217
 ORLANDO FL**

Mailing Address
**12179 APOPKA VINELAND ROAD
 SUITE #217
 ORLANDO FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/10/1997

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 **5267 LONESOME DOVE DR.** 26 Suite, Apt. #, etc.
 22 City & State **KISSIMMEE FL** 27 City & State
 23 Zip **34746** 25 Country **U.S.A.** 29 Zip Country 30

9. Name and Address of Current Registered Agent
**HAEGELE, MICHELE ANN
 12179 APOPKA VINELAND ROAD
 SUITE #217
 ORLANDO FL**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P MICHELE ANN HAEGELE
STREET ADDRESS		1.3 STREET ADDRESS	5267 LONESOME DOVE DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V/M GUA DOMENICO GARDELLINI
STREET ADDRESS		2.3 STREET ADDRESS	5267 LONESOME DOVE DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	300002570023
STREET ADDRESS		6.3 STREET ADDRESS	-06/23/98--01087--020
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE *P. M. ...* **6/22/98**

CR2E034 (10/97)