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04-09-1999 90021 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000004000

1. Corporation Name
PREMIER AUTO WORKS, INC.



Principal Place of Business: 11266 WEST HILLSBOROUGH AVENUE TAMPA FL 33635
Mailing Address: 11266 WEST HILLSBOROUGH AVENUE TAMPA FL 33635

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 01/14/1998

2. Principal Place of Business: 21 5008 W. LINEBAUGH AVE
2a. Mailing Address: 26 5008 W. LINEBAUGH AVE

4. FEI Number: 59-3486087
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 SUITE 11
27 SUITE 11

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

City & State: 23 TAMPA FLORIDA
28 TAMPA FLORIDA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 33624
Country: 25 USA
29 33624
30 USA

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: JONATHAN LABBAN
82 Street Address (P.O. Box Number is Not Acceptable): 5008 W. LINEBAUGH AVE
83 SUITE 11
84 City: TAMPA FL 85 Zip Code: 33624

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: JONATHAN LABBAN
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/6/99

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 8 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition.

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 all other like empowered.

SIGNATURE: GUS JONATHAN LABBAN Director 4/6/99 (813)264-6968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)