

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90266 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000068048

1. Corporation Name
AUTO TRUCK WAREHOUSE U.S.A., INC.



Principal Place of Business 8379 RAMBLING RIVER DR. SANFORD FL 32771	Mailing Address 8379 RAMBLING RIVER DR. SANFORD FL 32771
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1694 TIMOCWAN WAY	26 1694 TIMOCWAN WAY			07/31/1998	
Suite, Apt. #, etc. 22 UNIT # 150		Suite, Apt. #, etc. 27 UNIT # 150		4. FEI Number 59-3528864	
City & State 23 LONGWOOD, FL		City & State 28 LONGWOOD, FL		Applied For Not Applicable	
Zip 24 32750		Country 25 FLORIDA		5. Certificate of Status Desired <input type="checkbox"/>	
		Zip 29 32750		Country 30 FLORIDA	
				8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BOOMER, GEORGE B SR.
8379 RAMBLING RIVER DR.
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1694 TIMOCWAN WAY
83	UNIT # 150
84 City	LONGWOOD FL
85 Zip Code	32750

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOMER, GEORGE B SR.	
STREET ADDRESS	8379 RAMBLING RIVER DR.	
CITY-ST-ZIP	SANFORD FL 32771	
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	PRESIDENT P/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1694 TIMOCWAN WAY # 150	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GEORGE B BOOMER JR	
2.3 STREET ADDRESS	1694 TIMOCWAN WAY # 150	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TONYA L BOOMER	
3.3 STREET ADDRESS	1694 TIMOCWAN WAY # 150	
3.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
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, 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: George Boomer Sr Date: 5/3/99 Daytime Phone #: 407 767-9252

CR2E034 (1/198)