PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S75345**

1. Corporation Name

AMERICAN - IMPORT CYLINDER HEADS, INC.

May 07, 1999 8:00 am Secretary of State

05-07-1999 90116 018 ***150.00



| Principal Place of Business Mailing Address | | | | | | | | | TEIH BIBII E | lian ais | HI BIBLI 1881 | |
|--|-------------------|------------------------------------|---------------------|---------------------------|------------------------|-----|---|--|----------------|----------|---------------|--|
| 425-8 FAIRVILLA ROAD | | | | 425-8 FAIRVILLA ROAD | | | | | | | | |
| ORLANDO FL 32808 | | | | ORLANDO FL 32808 | | | | DO NOT WEITE IN THE SPACE | | | | |
| | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | 3. Date Incorporated or Qualifed | | | Į | |
| O. Driveiral Disco of Business | | | | 2a. Mailing Address | | | | 08/19/1991 4. FEI Number Applied For | | | | |
| 2. Principal Place of Business | | | \vdash | <u> </u> | | | | 59-3082891 | Not Applicable | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | \$8.7 | | Iditional | |
| 22 | | | 27 | <u> </u> | | | | 5. Certificate of Status Desired Fee Required | | | | |
| City & State | | | - | City & State | | | | 6. Election Campaign Financing S5.00 May Be | | | | |
| 23 | | | 28 | 28 | | | | Trust Fund Contribution | Add | ded to | Fees | |
| Zip | Zip Country | | | Zip Country | | | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | | 29 | 29 30 | | | | Personal Property Tax. | Yes | <u>l</u> | □No | |
| 9. Name and Address of Current | | | t Regis | tegistered Agent | | | 10. Name and Address of New Registered Agen | | | | | |
| LOCTIO LADOV D | | | | | 8 | ' | Name | | | | | |
| Loftis, Larry B. 200 East Robinson Street | | | | | 8 | 2 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 1250 | | | | | | | | | | | | |
| ORLANDO FL 32801 | | | | | | | | | | | | |
| OND | ANDO I E C | 2001 | | | 8 | 4 | City | CI | 85 | Zip Co | ode | |
| 44 5 | 4- 41 | ione of Continue 607 050 | 2 and 6 | 07 1509 Florida Statute | s the abo | | -named corn | oration submits this statement for the purpose of | changir | a its r | egistered | |
| office or re | enistered ad | ent, or both, in the State : | of Floric | da. Such change was au | ithorized b | v t | he corporatio | n's board of directors. I hereby accept the appo | ntment a | as regi | stered | |
| agent. I ar | m familiar wi | th, and accept the obliga- | tions of, | , Section 607.0505, Flori | ida Statute | 98. | | | | | | |
| SIGNATURE | Slonature typed | or printed name of registered agen | t and title | if applicable. (NOTE: | Registered Ag | ent | signature required | d when reinstating) DATE | | | | |
| 12. | Olginita e. 17pee | OFFICERS AN | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | ID DIRE | CTOR | R\$ IN 12 | |
| TITLE | Α | | | ☐ DELETE | 1.1 TITLE | : | | | ☐ Cha | inge | ☐ Addition | |
| NAME | ALLEN, D | AVID CHARLES, JR | | | 1.2 NAME | = | | | | | ļ | |
| STREET ADDRESS | | | | 1.3 ST | | | ADDRESS | | | | | |
| CITY-ST-ZIP | ORLAND | O FL 32808 | | | 1.4 CITY- | ST- | -ZIP | | | | | |
| TITLE | | | | ☐ DELETE | 2.1 TITLE | • | | | ☐ Cha | nge | Addition | |
| NAME | | | | | 2.2 NAME | E | } | | | | - | |
| STREET ADDRESS | | | | | 2.3 STRE | ET/ | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | T or lett | 2.4 CITY | | -ZIP | | [] Cha | | Addition | |
| TITLE | 1 | | | ☐ DELETE | 3.1 TITLE | | | | Cria | iigo | | |
| NAME | | | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | ☐ DELETE | 3.4. CITY 4.1 TITLE | | -ZiP | | ☐ Cha | | ☐ Addition | |
| TITLE | | | | C Derrie | 4.2 NAM | | | | | | | |
| NAME | | | | | 1 | | ADDOCES | | | | | |
| STREET ADDRESS | | • | | | 4.3 STRE | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.1 TITLE | | | | Cha | ange | Addition | |
| NAME | Ì | | | | 5.2 NAME | | | | | - | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | 54 CITY- | ST- | - ZIP | | | | | |
| TITLE | | | | DELETE | 6.1 TITLE | | | | ☐ Cha | inge | Addition | |
| NAME | | | | | 62 NAME | E | İ | | | | | |
| STREET ADDRESS | | | | | 6.3 STRE | ET. | ADDRESS | | | | | |
| | i | | | | I | | | | | | | |

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 appears in the corporation of the corpor

SIGNATURE: