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

STREET ADDRESS

CITY-ST-ZIP

Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)V26962 WALT'S ANT AUTO ELECTRIC, INC. Principal Place of Business Mailing Address 533 N BEACH ST 533 N BEACH ST DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1992 2a. Mailing Address Principal Place of Business Applied For 2. FEI Number 59-3117328 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May 8e 6. Flection Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζıp Country Žφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. □ No 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 BEDDARD, WALTER L. 3657 FRANCIS STREET 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32119 83 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and the if applicable (NOTE_Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 1.1 TITLE BEDDARD, WALTER L. NAME 1.2 NAME 3657 FRANCIS ST. STREET ADDRESS 1.3 STREET ADDRESS PORT ORANGE FL 32119 CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CHTY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CitY-ST-ZiP DELETE TITLE 4.1 HTLF Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-S1-7IP

> > Mulha

14. Thereby 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.

MIDAA LAACIA

FILED