

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **434673** (0)

1. Corporation Name  
**ALPINE MOTORS, INC.**



Principal Place of Business  
**1650 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304-2354**

Mailing Address  
**1650 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE FL 33304-2354**

2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date incorporated or Qualified <b>09/10/1973</b>	3a. Date of Last Report <b>03/08/1995</b>
4. FEI Number <b>59-1492081</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ULBRICH, JOHN  
1650 EAST SUNRISE BLVD.  
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

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 607.1306, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULBRICH, JOHN O.	2. NAME
STREET ADDRESS	1645 S. OCEAN LANE	3. STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	4. CITY-ST-ZIP
TITLE	VD	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULBRICH, MARC A.	6. NAME
STREET ADDRESS	3300 NO. PORT ROYALE	7. STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	8. CITY-ST-ZIP
TITLE	ST	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, JOSEPH E.	10. NAME
STREET ADDRESS	8611 NW 50TH ST.	11. STREET ADDRESS
CITY-ST-ZIP	LAUDERHILL FL	12. CITY-ST-ZIP
TITLE		13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-ST-ZIP		16. CITY-ST-ZIP
TITLE		17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-ST-ZIP		20. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, the register, or licensee 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 by comparison with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 463 2354

CR2E034 (12/95)