

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

**FILED**  
**Jun 27 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 830807 (4)**  
 1. Corporation Name  
**MOTOR CLUB OF AMERICA ENTERPRISES, INC.**



Principal Place of Business <b>95 RT 17 S                  PARAMUS NJ 07653-931                  US</b>	Mailing Address <b>95 RT 17 S                  PARAMUS NJ 07652-2651                  US</b>
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2. Principal Place of Business <b>21 3200 W Wilshire Blvd</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Oklahoma City, OK</b> Zip Country <b>24 73116 USA</b>	2a. Mailing Address <b>26 P.O. Box 20689</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Oklahoma City, OK</b> Zip Country <b>29 73156-0689 USA</b>
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3. Date Incorporated or Qualified <b>09/10/1973</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>23-7012987</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. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MCWHORTER, ARCHER	
STREET ADDRESS	1600 SMITH ST	
CITY-ST-ZIP	HOUSTON TX	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, STEPHEN	
STREET ADDRESS	95 RT 17 S	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BARBANO, PETER K.	
STREET ADDRESS	95 RT 17 S	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	HAVERON, PATRICK J.	
STREET ADDRESS	95 RT 17 S	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, BRUCE	
STREET ADDRESS	95 RT 17 S	
CITY-ST-ZIP	PARAMUS NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, GEORGE	
STREET ADDRESS	95 RT 17 SD	
CITY-ST-ZIP	PARAMUS NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COFFEE, VIRGIL W.	
1.3 STREET ADDRESS	3200 W WILSHIRE BLVD	
1.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73116	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KIRCHER, DAVID K.	
2.3 STREET ADDRESS	3200 W WILSHIRE BLVD	
2.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73116	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MELTON, LARRY K.	
3.3 STREET ADDRESS	3200 W WILSHIRE BLVD	
3.4 CITY-ST-ZIP	OKLAHOMA CITY, OK 73116	
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 do 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.

SIGNATURE: \_\_\_\_\_ DATE: 06/23/97 (405) 842-2745

CR2E034 (9/96)