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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01209

(8)

FILED Apr 09 1998 8:00am Secretary of State

1. Corporation ACTION Principal Place	MOTORS, INC.	Mailing Address			
2720 N OB TI		2720 N OB TRAIL			
KISSIMMEE FL 34744 KISSIMMEE FL 34744				DO NOT WOITE IN THIS	` CD4.OF
U\$		US		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE
				10/01/1980	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2026795	Not Applicable
Suite, Apt. (#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the or	
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
но	UCHINS, MARION	int Hogisteleo Agent	81 Name	0 0 11	. r.gom
	O FLAMBOYAN ST		20 5	KOU O. Houchins	· · · · · · · · · · · · · · · · · · ·
KISSIMMEE FL 34744			82 Street A	ddress (BO. Boy Number is Not Acceptable) 51	†
			83		·
			84 City 1		es Zin Code
				Kissimmee Fi	L °° 34744
11. Pursuant t	o the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named outborized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered
agent. I ar	n familiar will, and accept the oblig	pations of, Section 607.0505, Flo	rida Statutes.	oration's board of directors. Thereby accept the ap-	pointment as registered
SIGNATURE	1/6_			3-9-98	f
12.	Signature, hand or printed nume of registered ap OFFICERS AN	NOTE NO DIRECTORS	Registered Agent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 BILE	PSD	Change Addition
NAME	HOUCHINS, ROY		1.2 NAME	1.00	· •
STREET ADDRESS	2590 FLAMBOYAN ST				
CITY-ST-ZIP			1.3 STREET ADDRESS		
VIII-91-5#	KISSIMMEE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	1.4 CITY-ST-ZIP	<i>NP</i> '	Change Addition
	SD HOUCHINS, JUNE	DELETE	1.4 CITY-ST-ZIP	ND Houchins, Marion al	
TITLE	SD HOUCHINS, JUNE 2500 W PATRICK ST	X DELETE	1.4 CITY-ST-ZIP	ND Houchins, Mario #95 1550 Hinson St, #95	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOUCHINS, JUNE		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vb Houchins, Marion 40 1950 Hinson St, #91 Orlando, FL 3281	9
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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 resolver 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 a statechment with an address.

SIGNATURE:

3-4-98 847-130