

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N26320 (4)**  
1. Corporation Name  
**VINTAGE VEHICLES OF FLORIDA, INC.**



Principal Place of Business <b>6045 OAK ST. SCOTTSMOOR FL 32775 US</b>	Mailing Address <b>P. O. BOX 952 TITUSVILLE FL 32781-0952 US</b>
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3. Date Incorporated or Qualified  
**05/06/1988**

4. FEI Number  
**59-2938208**

Applied For	Not Applicable
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21. Principal Place of Business <b>6412 WINDOVER WAY</b>	26. Mailing Address
22. Suite, Apt. #, etc. <b>TITUSVILLE FL</b>	27. Suite, Apt. #, etc.
23. City & State <b>32780</b>	28. City & State
24. Zip	29. Zip
25. Country <b>US</b>	30. Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**SMART, DAVID A  
6412 WINDOVER WAY  
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MONTANT, JAMES</b>	
STREET ADDRESS <b>6285 SLEEPY HOLLOW DR</b>	
CITY-ST-ZIP <b>TITUSVILLE FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CORDOVA, NORMA</b>	
STREET ADDRESS <b>20507 MAXIM PKWY</b>	
CITY-ST-ZIP <b>ORLANDO FL 32833</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WARD, PAM</b>	
STREET ADDRESS <b>7467 CAMIO AVE.</b>	
CITY-ST-ZIP <b>COCOA FL 32927</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LOFTIS, DON</b>	
STREET ADDRESS <b>3850 N US 1</b>	
CITY-ST-ZIP <b>MEMS FL 32754</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Robert Arnold</b>	
1.3 STREET ADDRESS <b>4290 Pondapple Dr.</b>	
1.4 CITY-ST-ZIP <b>TITUSVILLE FL 32796</b>	
2.1 TITLE <b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>BARBARA MALONEY</b>	
2.3 STREET ADDRESS <b>1481N US1 LOT #101</b>	
2.4 CITY-ST-ZIP <b>TITUSVILLE FL 32796</b>	
3.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>RENEE SMART</b>	
3.3 STREET ADDRESS <b>6412 WINDOVER WAY</b>	
3.4 CITY-ST-ZIP <b>TITUSVILLE FL 32780</b>	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>MIMS, FL 32754</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>BEN JOHNSON</b>	
5.3 STREET ADDRESS <b>2440 BAR C RA</b>	
5.4 CITY-ST-ZIP <b>MIMS, FL 32754</b>	
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>MIKE SYMON</b>	
6.3 STREET ADDRESS <b>5990 ACME</b>	
6.4 CITY-ST-ZIP <b>COCOA, FL 32927</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Renée N. Smart* **RENEE N. SMART** 407 268-4965

CFR2037 (1097)