

FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <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.**



<b>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
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<b>3. Date Incorporated or Qualified</b> 05/06/1988	
<b>4. FEI Number</b> 59-2938208	Applied For <input type="checkbox"/> Not Applicable

<b>2. Principal Place of Business</b> 21 <b>6412 WINDOVER WAY</b> Suite, Apt. #, etc. 22 <b>TITUSVILLE FL</b> City & State 23 <b>32780</b> Zip 24 Country 25 <b>U S</b>	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> SMART, DAVID A 6412 WINDOVER WAY TITUSVILLE FL 32780
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<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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**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**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert Arnold</b> <b>4290 Pondapple Dr.</b> <b>TITUSVILLE FL 32796</b>
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/D</b> <b>BARBARA MALONEY</b> <b>1481N US 1 LOT #101</b> <b>TITUSVILLE FL 32796</b>
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T</b> <b>RENEE SMART</b> <b>6412 WINDOVER WAY</b> <b>TITUSVILLE FL 32780</b>
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MIMS, FL 32754</b>
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D BEN JOHNSON</b> <b>2440 BAR C RA</b> <b>MIMS, FL</b> <b>32754</b>
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D MIKE SYMON</b> <b>5990 ACME</b> <b>COCOA, FL 32922</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:** *Renee N. Smart* **RENEE N. SMART** 407 268-4965

CR2E037 (10/97)