

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 # P95000024795 (3)

1. Corporation Name
JR MOTORCAR CO.



Principal Place of Business: 6807 VIAREGINA BOCA POINTE BOCA RATON FL 33433
Mailing Address: 6807 VIAREGINA BOCA POINTE BOCA RATON FL 33433

3. Date Incorporated or Qualified: 03/28/1995
3a. Date of Last Report: NONE

2. Principal Place of Business: 21 4980 SW 52nd St #109, 22 Unit #109, 23 DAVIE FL, 24 33314, 25 BROWARD
2a. Mailing Address: 26 4980 SW 52nd St, 27 Unit #109, 28 DAVIE FLA, 29 33314, 30 BROWARD

4. FEI Number: 65-0576335
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: COTUGNO, ALBERT JR, 6807 VIAREGINA, BOCA POINTE, BOCA RATON FL 33433

10. Name and Address of New Registered Agent: 81 Name: Albert Cotugno Jr., 82 Street Address: 23427 ALZIRA CIRCLE, 83, 84 City: BOCA RATON, FL, 85 Zip Code: 33433

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 607.0503, Florida Statutes.
SIGNATURE: Albert Cotugno Jr. Pres. DATE: 4/6/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
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STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	PRESIDENT
3. STREET ADDRESS	ALBERT COTUGNO
4. CITY - ST - ZIP	23427 ALZIRA CIRCLE
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	BOCA RATON FL 33433
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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89. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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92. CITY - ST - ZIP	
93. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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95. STREET ADDRESS	
96. CITY - ST - ZIP	
97. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME	
99. STREET ADDRESS	
100. 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, 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: Albert Cotugno Jr. Pres. DATE: 4/6/96 (934) 583-8188
SG 4-23-96

CR2E034 (12/95)