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 # P95000042545 (0)

NATIONAL MOTORS CORP.

Principal Place of Business NORTH HEARWAY 484 ALTAMONTE SPRINGS FL 32714 Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



323 TULANE DRIVE ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1995 cipal Place of Business 4. FEI Number 2a. Mailing Address Applied For Edgewater DR 26 59-3318444 Not Applicable \$8.75 Additional 5. Certificate of Status Desired FL 32810 27 AIT 5P15 Fee Required 6. Election Campaign Financing \$5.00 May Be 32714 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANTANA, PREBISTERIO **323 TULANE DRIVE** Street Address (P.O. Box Number is Not Acceptable) **ALTAMONTE SPRINGS FL 32714** 83 Zip Code 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. antina SIGNATURE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **VPST** DELETE 1.1 TITLE Change Addition TITLE NAME Santana, Kelvin 1.2 NAME **323 TULANE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SANTANA, PREBISTERIO NAME 2.2 NAME **323 TULANE DRIVE** STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition ARAGONES, AGUSTIN 3.2 NAME **3**23 Tulane dr STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP

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 arinual 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