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 # P95000076374

1. Corporation Name
SOUTHERN STAR INTERNATIONAL MOTORS, INC.,

Principal Place of Business
2260 WHITFIELD PARK DRIVE
UNIT J-9
SARASOTA, FLORIDA 34243

Mailing Address
4103 LAS PALMAS WAY
SARASOTA, FLORIDA 34238

3. Date Incorporated or Qualified: OCTOBER 5, 1995

3a. Date of Last Report: ARTICLES OF INCORP EXECUTED 9-28-95

2. Principal Place of Business
21 2260 WHITFIELD PARK DRIVE
Suite, Apt. #, etc.
22 UNIT J-9
City & State
23 SARASOTA, FLORIDA
Zip 24 34243
Country 25 SARASOTA

2a. Mailing Address
26 4103 LAS PALMAS WAY
Suite, Apt. #, etc.
27
City & State
28 SARASOTA, FLORIDA
Zip 29 34238
Country 30 SARASOTA

4. FEI Number: 65-061-5641 — Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No — NONE NEEDED TO BE PAID

9. Name and Address of Current Registered Agent
BARBARA A. ANTHONY
2260 WHITFIELD PARK DRIVE
UNIT J-9 SARASOTA, FLORIDA
34243

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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.

SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT & DIRECTOR ☐ DELETE
NAME	LEE J. ANTHONY
STREET ADDRESS	4103 LAS PALMAS WAY
CITY-ST-ZIP	SARASOTA, FLORIDA 34238
TITLE	SECRETARY & DIRECTOR ☐ DELETE
NAME	BARBARA A. ANTHONY
STREET ADDRESS	4103 LAS PALMAS WAY
CITY-ST-ZIP	SARASOTA, FLORIDA 34238
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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: Lee J. Anthony PRESIDENT 4/16/96 941-923-2951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
LEE J. ANTHONY
FAX 941-921-7428