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Apr 02, 1999 8:00 am
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04-02-1999 90011 015 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000011719

1. Corporation Name
NEW CENTURY MOTORS, INC.



Principal Place of Business 420 SW WACAHOOTA ROAD MICANOPY FL 32667 150 No. Lawrence Blvd Keystone Hgts, Florida 32657		Mailing Address 420 SW WACAHOOTA ROAD MICANOPY FL 32667 P.O. Box 1824 Keystone Hgts, Florida 32657	
2. Principal Place of Business 150 No. Lawrence Blvd Suite, Apt. #, etc. Keystone Hgts, Florida City & State 32657	26	2a. Mailing Address P.O. Box 1824 Suite, Apt. #, etc. Keystone Hgts, Florida City & State 32657	30
24	25	29	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/05/1998	Applied For Not Applicable
4. FEI Number 59-3491274	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRADY, SARAH
 307 NORTH HIGHWAY 301
 HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAXWELL, MICHAEL W	
STREET ADDRESS	420 SW WACAHOOTA ROAD	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Barbara Sue Johnson	
1.3 STREET ADDRESS	109 Scenic Drive	
1.4 CITY-ST-ZIP	Interlachen, Florida (32148)	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Tayra de la Caridad Antolick	
2.3 STREET ADDRESS	9/0 22 Comanche Trail	
2.4 CITY-ST-ZIP	Hawthorne, Florida (32640)	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE: Sandra Cantada DATE: 3-31-99 DAYTIME PHONE: 352-481-3130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (11/98)