FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000076460

CAVALIER MOTORS, INC.

Mailing Address

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90099 002 ***150.00



1730 S FEDERAL	of Business			
	L HIGHWAY #315	1730 S. FEDERAL HIGHWAY	#315	
DELRAY BEACH		DELRAY BEACH FL 33483		DO NOT WRITE IN THIS CRACE
				DO NOT WRITE IN THIS SPACE
	7			3. Date Incorporated or Qualifed
				08/31/1998
2. Principal Pla	ace of Business	2a. Mailing Address	T (1)	4. FEI Number Applied For
<u>1 2512</u>	E Hwy 60		ITh Street	
Suite, Apt. #	etc.	Suite, Apt. #, etc.	_	5. Certificate of Status Desired
2	<u></u>	27 Sinte 612	<u>.ч</u> _	
_ City & State	1 2 2	City & State	✓ A	6. Election Campaign Financing \$5.00 May Be
3 VALE	erco' FL		u PL	Trust Fund Contribution Added to Fees
_ ^{Zip}	Country	Zip	Country	8. This corporation owes the current year Intangible
4 3359	25 45	29 33431	30 21	Personal Property Tax. ✓ Yes No
·	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
CORPORATION SERVICE COMPANY			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)
	HAYS STREET			
TALLA	AHASSEE FL 32301-2525		83	,
			24 01	85 Zip Code
		·	84 City	FL 85 Zip Code
44 Durewant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	s, the above-named co	orporation submits this statement for the purpose of changing its registered
office or re	distered agent, or both, in the State.	of Florida, Such change was au	thorizea by the corpor	ation's board of directors. I hereby accept the appointment as registered
agent. I am	familiar with, and accept the obliga	· `\		Madag
SIGNATURÉ	wolf Emok	L CARRY LITO nt and title if applicable. (NOTE: F	Registered Agent signature requ	(CATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OTT TO ALL	DELETE	1.1 TITLE	Resident Change Addition
i	· .			
			12 NAME	No. Colin
NAME			1.2 NAME	No. Colin
STREET ADDRESS	•		1.3 STREET ADDRESS	John Calia 141 Nw 20th Street, Suite 6129
STREET ADDRESS CITY-ST-ZIP	·	Ct nei eye	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	John Calia 141 NW 20th Street, Swite 6129 BOIA BALON, FL 33431
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	John Calia 141 Nw 20th Street, Suite 6129 Bora Raton, FL 33431 Chiêf Financial Officer Change Maddition
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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.

6.4 CITY-ST-ZIP

SIGNATURE

LEIGHT TREET OF PERRY LILOWITZ ATURE AND TYPED OR PRINTED NAME OF SIGNING OF DIRECTOR

4/29/99 56/4179151

R2E034 (11/98)