

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 158905 (0)
 1. Corporation Name
L. P. EVANS MOTORS, INC.



Principal Place of Business 6520 SW 134 DRIVE ✓ MIAMI FL 33156	Mailing Address 6520 SW 134 DRIVE ✓ MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3345 SW 8th ST	2a. Mailing Address 26 3345 SW 8th ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, Fla	28 City & State MIAMI, Fla
24 Zip 33135	25 Country
29 Zip 33135	30 Country

3. Date Incorporated or Qualified 08/27/1949	
4. FEI Number 59-0601584	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

EVANS, JAMES D.
6520 SW 134TH DR
MIAMI FL 33156

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	EVANS, JAMES D
STREET ADDRESS	6520 SW 134 DRIVE, DEVONWOOD
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VP <input type="checkbox"/> DELETE
NAME	EVANS, MARILYN A
STREET ADDRESS	6520 SW 134 DRIVE, DEVONWOOD
CITY-ST-ZIP	MIAMI FL 33156
TITLE	DT <input type="checkbox"/> DELETE
NAME	AMARO, NAYADE
STREET ADDRESS	7420 SABAL DRIVE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	SD <input type="checkbox"/> DELETE
NAME	BADGLEY, CAMERON J
STREET ADDRESS	510 SE 19 ST
CITY-ST-ZIP	OCALA FL 32870
TITLE	VD <input type="checkbox"/> DELETE
NAME	EVANS, JAMES D JR
STREET ADDRESS	7250 S. PRESTWICK PL
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	DAT
6.3 STREET ADDRESS	AMARO, NICHOLAS
6.4 CITY-ST-ZIP	5005 STILLWATER TERRACE FLAUGORAN, FLA 33330

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.

SIGNATURE: _____ DATE: **1/16/98 (205) 408-7431**

CR2E034 (10/97)