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FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90091 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 158905

1. Corporation Name
L. P. EVANS MOTORS, INC.



Principal Place of Business Mailing Address
 3345 SW 8TH ST 3345 SW 8TH ST
 MIAMI FL 33135 MIAMI FL 33135
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **110 SE 6th Street**
 22 City & State 27 **20th Floor**
 23 Zip Country 28 **Ft. Lauderdale, FL**
 24 25 29 **33301** 30 **USA**

3. Date incorporated or Qualified
08/27/1949
 4. FEI Number Applied For
59-0601584 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 owes the current year Intangible Personal Property Tax. Yes 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
 81 Name **CT Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
 83
 84 City **Plantation** FL 85 Zip Code **33324**

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 *Vicky Goldstein* **VICKY GOLDSTEIN** **4/20/99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: If the agent is a corporation, the name of the corporation and the name of the officer or director must be stated.) **SPECIAL ASSISTANT SECRETARY** DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, JAMES D	
STREET ADDRESS	6520 SW 134 DRIVE, DEVONWOOD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, MARILYN A	
STREET ADDRESS	6520 SW 134 DRIVE, DEVONWOOD	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	AMARO, NAYADE	
STREET ADDRESS	7420 SABAL DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BADGLEY, CAMERON J	
STREET ADDRESS	510 SE 19 ST	
CITY-ST-ZIP	OCALA FL 32670	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, JAMES D JR	
STREET ADDRESS	7250 S. PRESTWICK PL	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	ARMARO, NICHOLAS	
STREET ADDRESS	5005 STILLWATER TERR	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	

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	* see attachment *
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 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: *[Signature]* **4/16/99** (954) 769-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

490294-90091-7
158905

L.P. Evans Motors, Inc.

OFFICE

NAME

Directors	Thomas W. Hawkins
.....	James O. Cole
President	James D. Evans, Jr.
Vice President	James O. Cole
Secretary	James O. Cole
Treasurer	Kathleen W. Hyle

Address for all officers and directors is: 110 SE 6th Street, 20th Floor
Fort Lauderdale, Florida 33301