

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **170774** (4)  
1. Corporation Name  
**L.P. EVANS MOTORS WPB, INC.**



Principal Place of Business: **9696 NW 7RH AVE. MIAMI FL 33150**  
Mailing Address: **9696 NW 7RH AVE. MIAMI FL 33150**

3. Date Incorporated or Qualified: **10/13/1952**  
3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **59-0684221**  
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

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent (Required for all registrations)

Signature of Registered Agent (Required for all registrations)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, JAMES D</b>	
STREET ADDRESS	<b>6520 SW 134TH DR</b>	
CITY-STATE-ZIP	<b>MIAMI, FL 00000 33156</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, MARILYN A</b>	
STREET ADDRESS	<b>6520 S. W. 134 DRIVE</b>	
CITY-STATE-ZIP	<b>MIAMI FL 33156</b>	
TITLE	<b>DVPT</b>	<input type="checkbox"/> DELETE
NAME	<b>EVANS, JAMES D J</b>	
STREET ADDRESS	<b>7250 SO. PRESTWICKE PLACE</b>	
CITY-STATE-ZIP	<b>MIAMI LAKES FL 33014</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, HARRIETTE</b>	
STREET ADDRESS	<b>10163 153 CT. N.</b>	
CITY-STATE-ZIP	<b>JUPITER FL 33478</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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: *Harriette Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 305-693-1711  
DATE Digital Printout #

CR2E034 (12/95)