

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

**FILED**  
**Apr 21 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 263011 (9)**  
 1. Corporation Name  
**MOTORS SECURITIES CORPORATION**



Principal Place of Business Mailing Address  
**P.O. BOX 2106** **P.O. BOX 2106**  
**107 W. MARKS ST** **107 W. MARKS ST**  
**ORLANDO FL 32802** **ORLANDO FL 32802-2106**

3. Date Incorporated or Qualified **09/25/1962** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-0992181** Applied For Not Applicable  
 22 Suite, Apt # etc 27 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent **MCKELLAR, KENNETH B.**  
**107 W MARKS ST**  
**ORLANDO FL 32801**  
 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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKELLAR, KENNETH B.</b>	1.2 NAME	
STREET ADDRESS	<b>107 W. MARKS ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSTON, EVERTT E.</b>	2.2 NAME	
STREET ADDRESS	<b>107 W MARKS ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COX, W. REID III</b>	3.2 NAME	
STREET ADDRESS	<b>107 W MARKS ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORLANDO, FL 00000</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carolyn J. Bubbers</b>	4.2 NAME	
STREET ADDRESS	<b>107 W. Marks Street</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Orlando, FL 32801</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: \_\_\_\_\_ **4/3/97** **407-4250575**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)