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

**PROFIT** CORPORATION ANNUAL REPORT

1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90254 020 \*\*\*150.00

Daytime Phone #

i. Corporation	MENT # 277162 SIONAL MOTORS INC	2			
Principal Place	e of Business	Mailing Address		וום ומנו פוונות שושנו ופספו וופסו וופסו הושפו ו	91) WIWIA WEWEN WEWEN SEWELL SEWE
800 S. HARBOR CITY BLVD. MELBOURNE FL 32901		800 S. HARBOR CITY BLVI MELBOURNE FL 32901	<b>D</b> .	DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	
				01/07/1964	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
H		26		59-1027850	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			Fee Required
City & State	9	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible ☐ Yes ☐ No
4	25		30	Personal Property Tax.  10. Name and Address of New Register	
	9. Name and Address of Curre	ent Registered Agent	81 Name	TO. Name and Address of New Register	ed Agent
FALL	ACE, JAMES H.				
	S. HICKORY STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	BOURNE FL 32901		83		
			84 City	F	85 Zip Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 607.0505, Flo	es, the above-hamed corporation of the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
agent. I ai	m familiar with, and accept the oblig	ent and tritle of applicable. (NOTE:	Registered Agent signature require	ad when reinstating) DATE	
agent. I as SIGNATURE 12.	m familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature require		AND DIRECTORS IN 12
agent, I as SIGNATURE  12.	Signature, typed or printed name of registered ag  OFFICERS A	ent and tritle of applicable. (NOTE:	Registered Agent signature require  13.  1.1 TITLE	ad when reinstating) DATE	
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