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

PROFIT . CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 408223

(6)

ELECTRIC CAR, INC.

Principal Place of Business

Mailing Address

## **FILED** Sep 17 1997 8:00am Secretary of State



4500 SW 36 STREET FT LAUDERDALE FL 33314		4500 SW 36 STREET FT LAUDERDALE FL 33314-2240						
					3. Date Incorporated or Qualified 09/06/1972	3a. Date of Las 05/01/199		]
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For	]
21		26			59-1425493		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7	5 Additional Required	
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip 25 29 30		30 Co.	intry	8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes ☐ No			]
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
NOL	AND, DALE R		-	B1 Name				
	0 S W 36 ST AUDERDALE, FLA				Address (P.O. Box Number is Not Acceptable)			
333	- •			83				1
				84 City		FL  85   2	ip Code	1
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statm familiar with, and accept the oblig	e of Florida. Such change v	was authorize	d by the corp	corporation submits this statement for the poration's board of directors. I hereby acceptions	ourpose of changin of the appointment	g its registered as registered	1
SIGNATURE	Signature, typed or printed name of registered ag	and tile 4 applicable	(NOTE: Flogistero	d Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			···	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	16
TITLE	PD	☐ DELETE	DELETE 1.1 TO			☐ Chan	ge 🔲 Addition	90/0
NAME	NOLAND, DALE R.		1.2 N	AME				7
STREET ADDRESS	4500 SW 36TH ST		1.3 \$1					ĮΈ
CITY-ST-ZIP	FT. LAUDERDALE FL			TY-S1-ZIP				_&
TITLE	, <del>-</del> _		2.1 11	TLF [		☐ Chang	ge 🔲 Addilion	C
NAME	NOLAND, DYEANN		2.2 N	AME				
STREET ADDRESS	4500 SW 36TH ST		2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL			ITY-ST-ZIP		100		4
TITLE	1 ··.			TLE		Chang	je 🔲 Addition	1
NAME	NOALND, JOE;L 4500 SW 36THS T		3.2 N					
STREET ADDRESS	BOCA RATON FL			FREET ADDRESS	C+ 1 Aux CAAA.	a Ei		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP	FT. LAUDERDAL	-Chang	e Addition	+
NAME		EJ bjet it	4.1 13				iv □ i νυσιασία	
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE				Chang	e Addition	1
NAME			5.2 N	AME			\0	$\int_{\Gamma}$
STREET ADDRESS			5.3 \$	REET ADDRESS		,	$\langle \langle $	}'
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP			17 N/1, . ,	
TITLE		DELETE	6.1 TI	1LE		☐ Chang	e Addition	1
NAME			6.2 N	AME [	700002298607 -09/19/9701106027			
STREET ADDRESS			6.3 5	TREET ADDRESS		06027		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	***550.00			

14. I do hereby certify that the information supplied with this filling 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 subcland 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.