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FILED  
Mar 14 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 # 426085 (7)  
1. Corporation Name  
EUROPEAN SPORTS CAR SERVICE, INC.

Principal Place of Business  
850 NORTH HIGHWAY 17-92  
LONGWOOD FL 32750

Mailing Address  
850 NORTH HIGHWAY 17-92  
LONGWOOD FL 32750-3102

3. Date Incorporated or Qualified 05/18/1973  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-1461296  
Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, PATRICK A.  
180 S. KNOWLES AVENUE  
SUITE 7  
WINTER PARK FL

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BRISCESSE, CARMINE  
STREET ADDRESS 2144 CONIFER AVE.  
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE STD  
NAME MOLLIKA, RAE  
STREET ADDRESS 2143 CONIFER AVE.  
CITY-ST-ZIP WINTER PARK FL ☐ DELETE

TITLE D  
NAME MOLLIKA, JOHN  
STREET ADDRESS 2143 CONIFER AVE.  
CITY-ST-ZIP WINTER PARK FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME ~~BRISCESSE~~ MOLLIKA JOHN  
1.3 STREET ADDRESS 2143 CONIFER AVE  
1.4 CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE DIRECTOR ☒ Change ☐ Addition  
3.2 NAME BRISCESSE CARMINE  
3.3 STREET ADDRESS 2144 CONIFER AVE  
3.4 CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*

3/10/97 607-831-9741

CR2E034 (9/96)