FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 443485 (8)

1. Corporation Name

441 MOTORS, INC.

Principal Place of Business
2520 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
2520 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

3. Date Incorporated or Qualified: 02/04/1974
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1507398 — 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
21 2500 E Hallandale Bch Blvd
Suite, Apt #, etc.
22 Suite A
City & State
23 Hallandale, Fl
Zip 24 33009 Country 25 USA

2a. Mailing Address
26 2500 E. Hallandale Bch Blvd
Suite, Apt #, etc.
27 Suite A
City & State
28 Hallandale, FL
Zip 29 33009 Country 30 USA

9. **Name and Address of Current Registered Agent**

HALPERN, BARRY
2520 E. HALLANDALE BEACH BLVD
HALLANDALE FL 33009

10. **Name and Address of New Registered Agent**

81 Name: Halpern, Barry
82 Street Address (P.O. Box Number is Not Acceptable): 2500 E. Hallandale Beach Blvd., Suite A
83
84 City: Hallandale FL 85 Zip Code 33009

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HALPERN, BARRY	
STREET ADDRESS	1865 SOUTH OCEAN DR., APT. 15K	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	☐ DELETE
NAME	HALPERN, CAROL	
STREET ADDRESS	1865 SOUTH OCEAN DR., APT. 15K	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☒ Change ☐ Addition
12 NAME	Halpern, Barry	
13 STREET ADDRESS	1201 South Ocean Drive, Apt 1811	
14 CITY-ST-ZIP	Hollywood, Fl 33019	
21 TITLE	ST	☒ Change ☐ Addition
22 NAME	Halpern, Carol	
23 STREET ADDRESS	1201 South Ocean Drive	
24 CITY-ST-ZIP	Hollywood, Fl 33019	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-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: Carol Halpern — 4-16-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)