FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:07

DOCUMENT # **496813** **(7)**

1. Corporation Name

ULTIMATE MOTOR WORKS, INC.

Principal Place of Business	Mailing Address
895 NO. COUNTY ROAD 427 LONGWOOD FL 32750	895 NO. COUNTY ROAD 427 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1976**
3a. Date of Last Report: **09/23/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-1656695** — 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. The corporation has elected to be governed by Section 607.0502 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COHEN, PETER J.
895 NORTH COUNTY ROAD 427
LONGWOOD FL 32750

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 Section 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 (and am familiar with and accept the obligations of) Section 607.0505, Florida Statutes.

(Signature)

12. OFFICER AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS ONLY
PD COHEN, PETER J. 895 NORTH COUNTY ROAD 427 LONGWOOD FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is accurate, and 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 above, or on an attachment with an address.

SIGNATURE: *[signature]* — 06-28-95 — 407-339-3443

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0040701 CP