

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 538381 (5)  
1. Corporation Name  
LESTER VINTAGE CARS, INC.

Principal Place of Business 1015 NW 6TH ST DEERFIELD BEACH FL 33442 US	Mailing Address 1015 NW 6TH ST DEERFIELD BEACH FL 33442-1717 US
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2. Principal Place of Business 21 7705 NW 39th AVE Suite, Apt. #, etc.		2a. Mailing Address 26 7705 NW 39th AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/30/1977		3a. Date of Last Report 04/23/1996	
22 City & State 23 COCONUT CREEK FL		27 City & State 28 COCONUT CREEK FL		4. FEI Number 31-0944326		Applied For Not Applicable	
24 33073 25 U S		29 33073 30 U S		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent LESTER, THOMAS J. 1015 NW 6TH ST DEERFIELD BEACH FL 33442				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 7705 NW 39th AVE			
				83			
				84 City COCONUT CREEK FL 85 Zip Code 33073			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESTER, THOMAS J	1.2 NAME	
STREET ADDRESS	1015 NW 6TH ST	1.3 STREET ADDRESS	7705 NW 39th AVE
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	S	2.1 TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE RICHARD S.	2.2 NAME	
STREET ADDRESS	6701 NW 22ND ST.	2.3 STREET ADDRESS	4311 CRYSTAL LAKE DRIVE #117
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	POMPAHO BEACH, FL 33064
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ THOMAS J. LESTER APRIL 11, 1997 954-421-5171

CR2E034 (9/96)