FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY .	I IS	\$225.00
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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	IMENT # 56094° ON MOTOR CLUB, INC.	1 (7)							
Principal Plac		Mailing Address				i immini dista bilet Matte 19144 B(BA)	IONE BIREI M	1811 91911 9191	
3900 W. CO SUITE 200	MMERCIAL BLVD	P O BOX 25950 SUITE 200							
	°L 33309-3318	TAMARAC FL 33320							
		US				<ol> <li>Date Incorporated or Qualified 02/27/1978</li> </ol>		ite of Last F	
2. Principal P	Place of Business	2a. Mailing Address			·	4. FEI Number	<u></u>	04/17/19	
21		26				59-1807382			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.7	Additional
22	- 1/4/5	27				5. Certificate of Status Desired			Required
Orty & Stat	te	Crty & State				6. Election Campaign Financing	J-7	\$5.0	O May Be
Zíp	Country	28				Trust Fund Contribution		Adde	d to Fees
24	<b>25</b>	Zip <b>29</b>	Coun	uy		8. This corporation has liability for in Florida Statutes X Yes		tax under s	199.032,
	9. Name and Address of Current		1301	····		10. Name and Address of New Ro		1 Agent	
				11 Name			9,510,00	Agont	
	S, THOMAS F.		1	2 Stree	t Address	ss (P.O. Box Number is Not Acceptable	<u>.</u>		
	AST LAFAYETTE STREET			- Siree	i Addres	ss (r.o. dox radifide) is not Acceptable	ы		
TALLAH	IASSEE FL 32301		8	3					
			8	4 City				85 Zi	p Code
11 Pursuant	to the provisions of Sections 607 05/00	-12074500 50 11 01		1 '			FL	1 1	
or register familiar wi	to the provisions of Sections 607.0502 ared agent, or both, in the State of Florida ith, and accept the obligations of, Section	and 507.1508, Florida Statut a. Such change was authoriz an 607.0505, Florida Statutor	es, the abovi ed by the co	e-named or rporation	corporat s board	ion submits this statement for the purp of directors. I hereby accept the appo	oose of ch intment a	nanging its r s registered	egistered offici agent. I am
SIGNATURE	and a second true of a gallonia of, ocould	in sen sooos, Honda Statutes	·.						
40	Signature, typed or printed name of registered agent a		DE: Registered A	jent signature	required w		DATE		
12.	OFFICERS AND	DELETE	13.		A-+	ADDITIONS/CHANGES TO OFFICE			
NAME	SMITH, MICHAEL S.	[ Deter	1. 1 Tift		PT			Change	☐ Addition
STREET ADDRESS	10253 VESTAL MANOR		1.2 NAM	l et address					
CITY-ST-ZIP	CORAL SPRINGS FL			- ST-ZIP					
TITLE	D	DELETE	2 1 TITL		<del> </del>			Change	Addition
NAME	SMITH, MICHAEL S.		2 2 NAM					L. Orlange	L VOOLUUII
STREET ADDRESS	3900 W COMMERCIAL BLVD		2.3 STRE	- Et address					
CITY-ST-ZIP	TAMARAC FL	W	2 4 CITY		[				
TITLE	S CONTRACTOR A	DELETE	3. 1 TITL		5			Change	Addition
NAME OTOSET LEBESSO	FRANK MENNEUA 3900 W Commerc	IA BLUD	3.2 NAM		Fe	ANK MENNEUA	_		
STREET ADDRESS	1 ' '		B C	et address		so w commercial		>	
CITY - ST - ZIP TITLE	TAMARAC FL 3	ろうとら □ DELETE	3.4 CITY		TA	MARAC FL 333	209		- <u>-</u>
NAME		□} neceie	4. 1 TITL					☐ Change	Addition
STREET ADDRESS			4.2 NAM.						
CITY-ST-ZIP			4.3 STRE 4.4 City	ET ADDRESS					
TITLE		DELETE	5. 1 TITLI		<del> </del>			Change	Addition
NAME			5.2 NAMI				ŧ	onange	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE	6 1 TITLI					Change	Addition
NAME			6 2 NAM		İ		•		
STREET ADDRESS			6 3 STRE	T ADDRESS					
CITY-ST-ZIP			6.4 City -	\$1.7(P	1				

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 appears in Block 12 or Block 13 if changed, or or an address. TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/21/96 954-731-3900 Daylario Phono 8