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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~933000057274~~ (1)

1. Corporation Name

~~AUTO CARDS, INC.~~ FLORIDA MUSTANG, INC

579746

Principal Place of Business

1219 DIXIE CUTOFF RD
STUART FL 34994
5727 S.W.
Moore St.
Palm City, FL 34990

Mailing Address

5727 S.W.
Moore St.
Palm City, FL
34990

2. Principal Place of Business

21 5727 S.W. Moore St.

Suite, Apt. #, etc.

22

City & State

23 Palm City, FL

Zip

24 34990

Country

25 USA

2a. Mailing Address

26 5727 S.W. Moore St.

Suite, Apt. #, etc.

27

City & State

28 Palm City, FL

Zip

29 34990

Country

30 USA

3. Name and Address of Current Registered Agent

JONES, BONITA(BONNIE) L

1219 DIXIE CUTOFF RD
STUART FL 34994

5727 S.W. Moore St.
Palm City, FL
34990

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

TITLE ☒ DELETE

NAME JONES, BONITA(BONNIE) L
STREET ADDRESS 1219 DIXIE CUTOFF RD
CITY-ST-ZIP STUART FL 34994

TITLE ☒ DELETE

NAME JONES, JIM W
STREET ADDRESS 1219 DIXIE CUTOFF RD
CITY-ST-ZIP STUART FL 34994

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

1.1 TITLE Jones, Bonita(Bonnie) L ☒ Change ☐ Addition

1.2 NAME 5727 S.W. Moore St.
1.3 STREET ADDRESS Palm City, FL 34990
1.4 CITY-ST-ZIP

2.1 TITLE Jim W Jones ☒ Change ☐ Addition

2.2 NAME 5727 S.W. Moore St.
2.3 STREET ADDRESS Palm City, FL 34990
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

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***150.00

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