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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 597242

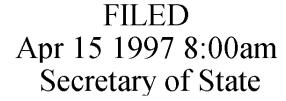
(7)

ELITE MOTOR CARS, INC.

| Principal Place of | Business |
|--------------------|----------|

Mailing Address

6190 34TH STREET NORTH ST. PETERSBURG FL 33714 6190 34TH STREET NORTH ST. PETERSBURG FL 33714-1214





| | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1978 05/01/1996 | | | |
|---|---|---------------------------------|---|-------------------------|---|----------------------------------|
| 2. Principa | at Place of Business | 2a. Mailing Addres | s | | 4. FEI Number | Applied For |
| 21 | 26 | | | | 59-1868548 | Not Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | te | | | \$8.75 Additional Fee Required |
| City & S | State | City & State | *************************************** | ************ | 6. Election Campaign Financing | \$5.00 May Be |
| 23 28 | | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Cour | try | 8. This corporation has liability for in | jangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | | |
| 9. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Reg | stered Agent |
| L | OWERY JR. DOUGLAS W | | - | 81 Name | | |
| 2400 A 2714 AZ 41 | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | ST PETERSBURG FL 33714 | | | | · | |
| | | | [- | 93 | | |
| | | | - | 04 03 | | B5 Zip Code |
| | | | ľ | B4 City | | FL 85 Zip Code |
| 11. Pursu | ant to the provisions of Sections 607.0 | 502 and 607, 1508, Florida | Statutes, the ab | ove-named co | orporation submits this statement for the pu | rpose of changing its registered |
| office | or registered agent, or both, in the Sta | ite of Florida. Such change | was authorized | by the corpo | orporation submits this statement for the puration's board of directors. If hereby accept | the appointment as registered |
| ageni | i am tamiliar with, and accept the obl | igations of, Section 607.05 | 905, Florida Statu | nes. | | |
| SIGNATUR | 3E Signature, type-dior punted name of registered a | aldresilence is suit bore topoc | (NOTE: Hopistered | Anant pinnalure re | gulred when reinstating) | DATE |
| 12. | · · · · · · · · · · · · · · · · · · · | ND DIRECTORS | 13. | rigera signature re- | ADDITIONS/CHANGES TO OFFICE | |
| 1:[LE | DP | DELE | | f I | | Change Addition |
| NAME | SUDDARTH, BENJAMIN F | | 1.2 NA | l l | | |
| | A COMPANY OF THE PARTY. | | | EET ADDRESS | | |
| STHEET ADDRE | SEMINOLE, FL 00000 | | 1 | | | |
| CHY-SI-Z-P TILLE | | DELE | | Y-ST-ZIP | | Change Addition |
| | DST DOUBLE W ID | L., DIEL | I | - 1 | | |
| NAME | 201121111 2000212 111111111111111111111 | | 2 2 NAI | ··· | • | |
| STREET ADDRI | | | | EFT ADDRESS | | |
| CPY+ST-ZP | ST. PETERSBURG FL | DELE | | Y-ST-ZIP | | Change Addition |
| TITLE | • | □ ntre | | 1 | | C change C xoution |
| NAME | 1 | | 3.2 NAI | 1 | | |
| STREET ADDRE | ESS . | | | REET ADDRESS | | |
| CITY - S1 - ZIF | | | | Y-ST-ZIP | | 0 |
| TITE | | ☐ DELE | | | | ☐ Change ☐ Addition |
| NAME. | † | | 4. 2 NA | | | , |
| STREET ADDRE | B85 | | 4.3 STF | EET ADDRESS | | |
| CITY - S1 - ZIP | | | | Y-ST-ZIP | | |
| TITLE | | ☐ DELE | TE 5.1 TIT | LE | | Change Addition |
| NAME. | | | 5.2 NA | ME | | |
| STREET ADOLE | 885 | | 5.3 \$14 | REET ADDRESS | | 1 |
| Ç(1) v S1 - Z(P | | | 5.4 CIT | Y-ST-ZIP | | |
| TITLE | | DELI | TE 6.1 TIT | LE | | Change Addition |
| NAM? | | | 6.2 NA | ME | | |
| STREET ADDRE | (85) | | 6.3 ST | HEET ADDRESS | | |
| CITY-S1-ZIP | ``` | | | Y-ST-ZIP | | · · |
| | ereby certify that the information supp | lied with this filing does no | | | ted 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 on an allachment with an address.

SIGNATURE:

Pad W Kowing DodaLA

7 1-813 526 3880