

SECOND-NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 637691 (7)
1. Corporation Name
EXECUTIVE CARS OF WINTER HAVEN, INC.

Principal Place of Business

704 3RD STREET, S.W.
WINTER HAVEN FL 33880
US

Mailing Address

704 3RD STREET, S.W.
WINTER HAVEN FL 33880
US

FILED
97 AUG -7 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1979	3a. Date of Last Report 01/25/1996
4. FEI Number 59-1959501	Applied For Not Applicable
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 536 AVE. K, S.W. Suite, Apt. #, etc. 22 City & State 23 WINTER HAVEN, FL Zip 24 33880 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

FORD, B F
1496 AVENUE I SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, B.F.	1.2 NAME	
STREET ADDRESS	1496 AVENUE I S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, JAMES W	2.2 NAME	MAXBERRY, MYRA
STREET ADDRESS	4538 TIMBERLANE RD	2.3 STREET ADDRESS	7109 WALT WILLIAMS ROAD
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	LAKELAND, FLORIDA 33809
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ELAINE WESSELMAN
STREET ADDRESS		3.3 STREET ADDRESS	1313 ARIANA WOODS CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	AUBURNDAL, FLORIDA 33823
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(j), 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 attached list of names.

SIGNATURE _____ DATE _____



pg. 2

COLLECTOR CLASSICS & RV VEHICLES
B. F. FORD, PRESIDENT

704 THIRD ST. SW WINTER HAVEN, FLA. 33880
(813) 293-6797

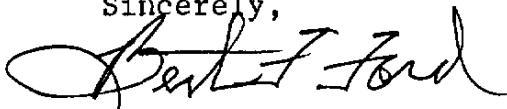
July 21, 1997

Division of Corporations
Annual Reports Section
P. O. Box 6327
Tallahassee, FL 32302

ATTN: Reports Section

I am writing this letter in response to our telephone conversation on Friday, July 18, 1997 regarding our move to our new location, and we did not receive our 1997 Annual Profit Corporation Report Form. Enclosed please find our check in the amount of \$165.00 as you instructed us to send due to us not receiving our form.

Sincerely,



Bert F. Ford
President

Enclosure