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Apr 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02296

(4)

1. Corporation Name

UNITED MOTOR COMPANY, INC.

Principal Place of Business

517 ROPER PARKWAY  
OCOE FL 34761  
US

Mailing Address

517 ROPER PARKWAY  
OCOE FL 34761-3039  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KELLEY, DAVID M.  
39 MAGNOLIA ST.  
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name

Anthony R LAUONIA

82

Street Address (P.O. Box Number is Not Acceptable)

39 MAGNOLIA ST

83

84

City

OCOE

FL

85

Zip Code

34761

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

*Anthony R. Launian*

(NOTE: Registered Agent signature required when reinstating)

4.7.97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LA VORNIA, MARJORIE  
STREET ADDRESS 39 MAGNOLIA ST.  
CITY-ST-ZIP OCOE FL

TITLE V  
NAME LA VORNIA, ANTHONY R.  
STREET ADDRESS 39 MAGNOLIA ST.  
CITY-ST-ZIP OCOE FL

TITLE D  
NAME LA VORNIA, ANTHONY J.  
STREET ADDRESS 1588 NEW PORT AVE.  
CITY-ST-ZIP PAWTUCKET RI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE:

*Anthony R. Launian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.25.97

Date

Daytime Phone #

CR2E034 (9/96)