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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005146

1. Corporation Name
EXECUTIVE COACHWORKS USA, INC.

Principal Place of Business	Mailing Address
4219 SPRING WAY CIRCLE VALRICO FL 33594	4219 SPRING WAY CIRCLE VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
09/30/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
[21] 201 SPRINGSONG RD	[26] 201 SPRINGSONG RD	58-2052518	Not Applicable
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23] LITHIA, FLORIDA	City & State [28] LITHIA, FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24] 33547 Country [25] USA	Zip [29] 33547 Country [30] USA	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BESTER, ABRIE 4219 SPRING WAY CIRCLE VALRICO FL 33594	[81] Name ABRIE BESTER [82] Street Address (P.O. Box Number is Not Acceptable) 201 SPRINGSONG RD [83] [84] City LITHIA FL [85] Zip Code 33547

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 _____ABRIE BESTER_____ 3-9-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME BESTER, ABRIE P		1.2 NAME	201 SPRINGSONG RD	
STREET ADDRESS 4219 SPRING WAY CIRCLE		1.3 STREET ADDRESS	LITHIA FL 33547	
CITY-ST-ZIP VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE ST	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME BESTER, JACQUELINE		2.2 NAME	201 SPRINGSONG RD	
STREET ADDRESS 4219 SPRING WAY CIRCLE		2.3 STREET ADDRESS	LITHIA FL 33547	
CITY-ST-ZIP VALRICO FL 33594		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ABRIE BESTER_____ 3-9-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #