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Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90016 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G56794**

1. Corporation Name

LR MOTORS, INC. Mailing Address Principal Place of Business 7941 NORMANDY STREET 7941 NORMANDY STREET MIRAMAR FL 33023 MIRAMAR FL 33023 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/25/1983 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 59-2326696 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired - - - -Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Zip Country 8. This corporation owes the current year Intangible Zio Country Yes □No 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KUHNS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 82 7941 NORMANDY STREET MIRAMAR FL 33023 83 Zip Code 84 City 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 Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition TITLE □ DELETE 1.1 TITLE KUHNS, RICHARD 1.2 NAME NAME 7941 NORMANDY STREET 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY-ST-ZJP Addition ☐ Change DELETE 2.1 TITLE TITLE KUHNS, ROSA MARIE 22 NAME NAME 7941 NORMANDY STREET 2.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL 2.4 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CR2E034 (11/98)