

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J10922 (9)
1. Corporation Name
ALLEN MOTORS, INC.

Principal Place of Business 7308 ATLANTIC BLVD JACKSONVILLE FL 32211-8711	Mailing Address 7308 ATLANTIC BLVD JACKSONVILLE FL 32211-8711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1986	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2754927		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	25 Country	28 Zip	30 Country	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	

9. Name and Address of Current Registered Agent KELLY, TIMOTHY P 121 W. FORSYTH STREET JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent			
81 Name Kelly, Timothy P.				82 Street Address (P.O. Box Number is Not Acceptable) 121 West Forsyth Street, Suite 900			
83				84 City Jacksonville FL 85 Zip Code 32202			

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

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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, EDWARD J.			1.2 NAME			
STREET ADDRESS	7308 ATLANTIC BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	32211		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, IRA N.			2.2 NAME			
STREET ADDRESS	5241 PEAR TREE PL.			2.3 STREET ADDRESS	7308 Atlantic Blvd.		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	32211		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, WENDI			3.2 NAME			
STREET ADDRESS	720 OAK ST.			3.3 STREET ADDRESS	12054 La Costa Ct.		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	32225		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, MARK			4.2 NAME			
STREET ADDRESS	11983 SAVERIO LN			4.3 STREET ADDRESS	12054 La Costa Ct.		
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP	32225		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EASTON, GWENDOLYN O			5.2 NAME			
STREET ADDRESS	720 OAK ST			5.3 STREET ADDRESS	Easton, Gwendolyn O.		
CITY-ST-ZIP	NEPTUNE BCH FL			5.4 CITY-ST-ZIP	720 2nd St.		
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 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 changing an officer or director or an address.

SIGNATURE: *Edward J. Allen* *Wendi Allen* 3-19-98 904724-1579

CR2E034 (10/97)