SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J40566** **(8)**

1. Corporation Name
LANTANA MOTORS, INC.

Principal Place of Business	Mailing Address
~~112 E. LANTANA ROAD~~ LANTANA FL 33462	~~112 E. LANTANA ROAD~~ LANTANA FL 33462

3. Date Incorporated or Qualified: 10/30/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 935 LACOSTA WAY	26 935 LACOSTA WAY
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: LANTANA, FL.	28 City & State: LANTANA, FL.
24 Zip: 33462 25 Country: U.S.	29 Zip: 33462 30 Country: U.S.

4. FEI Number: 59-2789437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DERUSSO, DOMINIC ~~112 E. LANTANA ROAD~~ LANTANA FL 33462	81 Name: DERUSSO, DOMINIC 82 Street Address (P.O. Box Number is Not Acceptable): 935 LACOSTA WAY 83 84 City: LANTANA FL 85 Zip Code: 33462

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 _____ DATE
Signature, Typed or Printed Name of Individual & Capacity/Title of Applicant (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DERUSSO, DOMINIC		12 NAME		
STREET ADDRESS	935 LACOSTA WAY		13 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		14 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	DERUSSO, JOSEPHINE		22 NAME		
STREET ADDRESS	935 LACOSTA WAY		23 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ DOMINIC DERUSSO 7-26-96 407/582-5591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #