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

**PROFIT** CORPORATION ANNUAL REPORT

1997

22

City & State



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J47991

FORT LAUDERDALE AUTOMOBILE MUSEUM, INC.

Principal Place of Business Mailing Address ATTENTION ARTHUR STONE 3860 W COMMERCIAL BLVD 3860 W COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309-3326 3a. Date of Last Report 3. Date Incorporated or Qualified 03/14/1996 12/19/1986 4. FEI Number 2. Principal Place of Business 28. Mailing Address 59-2754875 21 Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired

City & State

23 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 STONE, ARTHUR 3860 W. COMMERCIAL BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33309 83 84 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating) Signature, Typed or profind nature of regelternio agent and tills if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. DP OF LETE Change Addition TITLE 1.1 1000 STONE, ARTHUR NAME 1.2 NAME CR2E034 60 ISLE OF BAHIA DR. 1.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DITTE Change Addition 2.1 TOLE TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY: \$1-7P CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CHY-S1-7IP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 4.4 CITY - ST - ZIP Change DELE 1E Addition 5.1 THLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY+ S1+ ZIP DELETE Change Addition TITLE 6.1 THEF NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 eath; 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

Arthur 19 STONE

2/14/97

954-486-3000

FILED

Mar 19 1997 8:00am

Secretary of State

6. Election Campaign Financing

Trust Fund Contribution

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable