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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:56

DOCUMENT # **K07351** **(5)**

1. Corporation Name
PALM BEACH MOTORS, INC.

Principal Place of Business	Mailing Address
% WILLIAM A. CHAMBERLAIN 3801 S FEDERAL HWY STUART 34997	% WILLIAM A. CHAMBERLAIN 3801 S FEDERAL HWY STUART 34997

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1987	3a. Date of Last Report: 04/20/1994
4. FEI Number: 65-0020409	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHAMBERLAIN, WILLIAM A.
3801 S FEDERAL HWY.
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
(If changing Registered Agent, Registered Agent signature required where indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D P T	☑ Change ☐ Addition
NAME	CHAMBERLAIN, WILLIAM A.	12 NAME	WILLIAM A. CHAMBERLAIN	
STREET ADDRESS	3801 SOUTH FEDERAL HWY.	13 STREET ADDRESS	3801 S. FEDERAL HWY	
CITY ST ZIP	STUART FL	14 CITY ST ZIP	STUART, FLA. 34997	
TITLE	D	21 TITLE	D S V	☑ Change ☐ Addition
NAME	CHAMBERLAIN, WILLIAM F.	22 NAME	WILLIAM F. CHAMBERLAIN	
STREET ADDRESS	3801 SOUTH FEDERAL HWY.	23 STREET ADDRESS	3801 S. FEDERAL HWY.	
CITY ST ZIP	STUART FL	24 CITY ST ZIP	STUART, FLA. 34997	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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 the 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.

SIGNATURE: _____ William F. Chamberlain, Sec. 3/28/95 (407)883 6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0381694 CP