**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

FILED
Sep 11 1996 8:00 am
Secretary of State

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

1. Corporation Name

**PALM BEACH MOTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % WILLIAM A. CHAMBERLAIN<br>3801 S FEDERAL HWY<br>STUART 34997 | % WILLIAM A. CHAMBERLAIN<br>3801 S FEDERAL HWY<br>STUART 34997 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 2755 S.E. Federal Hwy. | 26 2755 S.E. Federal Hwy. |
| 22 Suite, Apt. #, etc. — | 27 Suite, Apt. #, etc. — |
| 23 City & State: Stuart FL | 28 City & State: Stuart FL |
| 24 Zip: 34994 25 Country: USA | 29 Zip: 34994 30 Country: USA |

3. Date Incorporated or Qualified: 12/16/1987
3a. Date of Last Report: 03/31/1995
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

**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

300001955193
-09/24/96--01137--011
****225.00 ****205.00
FL

**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, type or print name of Registered Agent and date. Applicable. (NOTE: Registered Agent's signature required where required.)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | DPT | ☐ DELETE |
| NAME | CHAMBERLAIN, WILLIAM A. | |
| STREET ADDRESS | 3801 SOUTH FEDERAL HWY. | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | DSV | ☐ DELETE |
| NAME | CHAMBERLAIN, WILLIAM F. | |
| STREET ADDRESS | 3801 SOUTH FEDERAL HWY. | |
| CITY-ST-ZIP | STUART FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 11 TITLE | | ☒ Change ☐ Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | 2445 S.E. Federal Hwy. | |
| 14 CITY-ST-ZIP | 34994 | |
| 21 TITLE | | ☒ Change ☐ Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | 2445 S.E. Federal Hwy. | |
| 24 CITY-ST-ZIP | 34994 | |
| 31 TITLE | | ☐ Change ☐ Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | ☐ Change ☐ Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | ☐ Change ☐ Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | ☐ Change ☐ Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 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:** William A Chamberlain 9/6/96 561 288 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #