

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

008/44

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90121 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K12479

1. Corporation Name
P.C. MOTORS, INC.



Principal Place of Business 3320 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804	Mailing Address 5391 ANGUS AVE. ORLANDO FL 32810
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 <i>831 MYSTIC OAK PL.</i>		3. Date Incorporated or Qualified 01/21/1988	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2882598	
City & State 23		City & State 28 <i>APOLKA, FLA. 32712</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 <i>32712</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 <i>USA</i>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CICCARELLO, SALVATORE
3320 N ORANGE BLOSSOM TRAIL
ORLANDO FL 32804**

10. Name and Address of New Registered Agent

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

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	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, SALVATORE	12 NAME	
STREET ADDRESS	5391 ANGUS AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARELLO, TINA	22 NAME	
STREET ADDRESS	CROWN POINT RD.	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA L MCGUANE	32 NAME	
STREET ADDRESS	5391 ANGUS AVE	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Brenda L McGuane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA L MCGUANE

3/15/99
Date

(407) 2974011
Daytime Phone #

CR2E034 (11/98)