

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K81561 (8)

1. Corporation Name

MAYCAR, INC.

Principal Place of Business

Mailing Address

C/O BEW REGISTERED AGENT CORPORATION
5619 FOXCROSS PLACE
STUART FL 34997

C/O BEW REGISTERED AGENT CORPORATION
5619 FOXCROSS PLACE
STUART FL 34997



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 42 Sherwood Ave

22 City & State

27 City & State

23 Zip

Country

28 Greenwich, CT

29 06831

30 USA

3. Date Incorporated or Qualified

04/19/1989

3a. Date of Last Report

03/10/1995

4. F&I Number

65-0116237

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

ERNST, CARL C.
5619 FOXCROSS PL.
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

Judith TORTORA

82 Street Address (P.O. Box Number is Not Acceptable)

5619 Fox Cross Place

83

84 City

Stuart

FL

85 Zip Code

34997

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

Judith TORTORA s/r Judith TORTORA

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

July 3, 1996

12. OFFICERS AND DIRECTORS

TITLE D
NAME ERNST, CARL C.
STREET ADDRESS 5619 FOXCROSS PL
CITY-ST-ZIP STUART FL

☐ DELETE

TITLE D
NAME ERNST, MARY E.
STREET ADDRESS 5619 FOXCROSS PL
CITY-ST-ZIP STUART FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Sec TREAS. s/r

☐ Change ☒ Addition

1.2 NAME

Judith TORTORA

1.3 STREET ADDRESS

42 Sherwood Ave

1.4 CITY-ST-ZIP

Greenwich, CT 06831

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Judith TORTORA

Judith TORTORA

7/3/96

629-1495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Phone #

CR2E034 (3/96)