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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

(8)

CAMBRIDGE MOTOR CAR	IS, ING.					
Principal Place of Business	Mailing Address				AN ONE NEWSTRANCE AND EASTER	
% ALLAN C. DRAVES 8151 ROBALO DR.	% ALLAN C. DRAVES 8151 ROBALO DR.					
ORLANDO FL 32825	ORLANDO FL 32825			3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Re 04/11/19	
2. Principal Place o' Business	2a. Mailing Address			4. FEI Number		Applied For
, Principal Fields of Bodiness	26			NOT APPLICABLE		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 ++	Additional Required
City & State	City & State			6. Election Campaign Financing	\$5.0	May Be
Olly & State	28			Trust Fund Contribution	Adde	d to Fees
Zip Country	Zρ	Country		8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s	199.032,
25	29 29 29 29 29 29 29 29 29 29 29 29 29 2	30		10. Name and Address of New Ro		
9. Name and Address of)) Current Registered Agent	81	Name			
DRAVES, ALLAN C.		82	Stroot Addr	ress (P.O. Box Number is Not Acceptable	le)	
116 SOUTH ORANGE AVE.		83			·	
ORLANDO FL 32801						
		84	City		FL 85 Zi	p Code
1. Pursuant to the provisions of Sections	TOTAL TOTAL CANAL	a the shows	nomod como	ration submits this statement for the pur	cose of changing its	registered office
 Pursuant to the provisions of Sections or registered agent, or both, in the Stal familiar with, and accept the obligation: 						
Signature, typed or printed name of region 2. OFFI:	pistered agent and title if applicable (NO DERS AND DIRECTORS	TE: Registered Age	int signature require	ud when reinstaing): ADDITIONS/CHANGES TO OFF		
SIGNATURE Signature, typed or printed name of report of the state of t	gistered agent and tife if applicable (NO DERS AND DIRECTORS	TE: Registered Age 13. 1 1 TITLE	int signature require	od when reinstating)	· · · · · · · · · · · · · · · · · · ·	
Signature. Typed or printed name of report of the state o	gistered agent and tife if applicable (NO DERS AND DIRECTORS DELETE	TE: Registered Age 13. 1 1 TITLE 1.2 NAME	int signature require	od when reinstating)	ICERS AND DIRECTO	
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NULLIA MICHAEL J. VEINA PAS 9 AREA 96 427-281-9400 Date OF SIGNING OFFICER OR DIRECTOR SIGNATURE: