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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

(7)

AGELESS AUTOMOBILES, INC.

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| | | | |
| | | | |

| Principal Place 1450 S. DIXIE BOCA RATON | E HWY. | Mailing Address 1450 S. DIXIE HWY. BOCA RATON FL 3343 | 32 | ·· | | | |
|---|--|--|-----------------|-----------------------------------|--|--|--|
| | | | | | Date Incorporated or Qualified 01/25/1990 | 3a. Date of Last Report 04/24/1995 | |
| 2. Principal Pla 21 | ace of Business | 2a. Mailing Address 26 | | | 4. FEI Number 52-1667224 | Applied For Not Applical | |
| Suite, Apt. | | Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | 30 Cou | ntry | | □No | |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered Agent | |
| | | | | 81 Name | | | |
| | R, ROBERT M., JR. | | | 82 Street Ad | Address (P.O. Box Number is Not Acceptable) | | |
| % WORRELL ENTERPRISES, INC. 1450 S. DIXIE HWY. | | | | 83 | | | |
| | ATON FL 33432 | | | 84 City | | 85 Zip Code | |
| 44 D | o the providence of D. C. Connection | | | | | PL | |
| i or reoisten | o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section | a. Euch channe was authoriz | rea by the c | ve-named corp corporation's bo | coration submits this statement for the pur pard of directors. I hereby accept the appe | pose of changing its registered of pintment as registered agent. I am | |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | nd tire it applicable (NC | DTE: Registered | Agent signature regu | ind v.ten reinstating) | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFI | | |
| TITLE | DP | DELE1E | 1.11 | TLF | | Change Additio | |
| NAME | WORRELL, THOMAS E., JR. | | 1.2 N/ | ME | | | |
| STREET ADDRESS | 1450 S. DIXIE HWY | | 1.3 ST | HEET ADORESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 00 | IY-ST-ZIP | | | |
| TITLE | VO | DELETE | 2 170 | | | Change 🗹 Additio | |
| NAME | Freakley, Edwin M. | | 2.2 NA | .ME | | C-17016 | |
| STREET ADDRESS | 1450 S. DIXIE HWY. | | 2351 | REET ADDRESS | | $\sum_{i=1}^{n} I_{i}$ | |
| CITY - ST - ZIP | BOCA RATON FL | | 2 4 CI | IY-ST-ZIP | | 1/2 | |
| TITLE | DVT | ☐ DELFTE | 3 1 TI | | | ☐ Change ☐ Additio | |
| NAME | SMITHER, ROBERT M., JR. | | 3.2 NA | ME | | | |
| STREET ADDRESS | 1450 S. DIXIE HWY. | | 3.3. S | REE! ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4 CI | Y-ST-ZIP | | | |
| TITLE | 8 | □ DELETE | 4 1 11 | TEE | | ☐ Change ☐ Addilio | |
| NAME | WORRELL, ODETTE A. | | 4 2 NA | ME | | | |
| STREET ADDRESS | 1450 S. DIXIE HWY. | | 4 3 ST | REFT ADDRESS | | | |
| CiTY-ST-ZiP | BOCA RATON FL | | 4.4 CI | IY-ST-ZIP | | | |
| TITLE | VTS | ☐ DELETE | 5 1 II | TLE. | -05/00/00 010 | C. C ☐ Olialge ☐ Additio | |
| NAME | GOODYEAR, KIM | | 52 NA | ME | -05/08/96010 | iθ1ΔΩΤ | |
| STREET ADDRESS | 1450 S. DIXIE HWY | | 5381 | REET ADDRESS | ***200.00 | | |
| CITY-ST-ZI> | BOCA RATON FL | | 5.4 Cr | Y-ST-ZIP | | | |
| TITLE | I I | DELF1E | 6 1 1 1 | TLF | | Change Addition | |
| NAME | WINTZER, WILLIAM R | | 6.2 NA | ME | | | |
| STREET ADDRESS | 1450 S. DIXIE HWY | | 6.3 ST | REET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON FL | | 6.4 CI | Y-ST-ZIP | | | |
| 14. Edo hereb | y certify that the information supplied w | ith this filing is voluntarily furr | nished and d | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM R. WINTERR 4/26/6 (407)338-3298
ER OR DIRECTOR
Date

Date