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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L61518** (1)

1. Corporation Name
BRUMOS MOTOR CARS, INC.



Principal Place of Business
**C/O WALTER I. BLACKER
10231 ATLANTIC BLVD.
JACKSONVILLE FL 32225-9977**

Mailing Address
**C/O WALTER I. BLACKER
10231 ATLANTIC BLVD.
JACKSONVILLE FL 32225-6602**

3. Date Incorporated or Qualified **04/02/1990** 3a. Date of Last Report **02/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
Zip Country Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**BLACKER, WALTER I
10231 ATLANTIC BLVD.
JACKSONVILLE FL 32225-9977**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	DAVIS, A. DANO	1.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	SKELTON, H. JAY	2.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	
NAME	SNODGRASS, ROBERT F. JR.	3.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	GILFUS, JONI T.	4.2 NAME	
STREET ADDRESS	10231 ATLANTIC BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	BLACKER, WALTER I.	5.2 NAME	
STREET ADDRESS	10231 ATLANTIC BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	RHODEN, RANDALL	6.2 NAME	
STREET ADDRESS	10251 ATLANTIC BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)