FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L96332** **(6)**

1. Corporation Name
KRAFT MOTORCAR CO., INC.

Principal Place of Business	Mailing Address
3525 N.W. 97TH BLVD. GAINESVILLE FL 32606	3525 N.W. 97TH BLVD. GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1990**
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **59-3026665** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes XXNo

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MURPHY, T.N., JR. 700 W. HILLSBORO BLVD. BLDG. 4, SUITE 208 DEERFIELD BEACH FL 33441	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 980 NORTH FEDERAL HWY., SUITE 410 83 84 City: BOCA RATON FL 85 Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	11 TITLE	D	☒ Change ☐ Addition
NAME	KRAFT, R.A.	12 NAME		
STREET ADDRESS	3000 N.E. 51ST ST.	13 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	KRAFT, ERIC B.	22 NAME		
STREET ADDRESS	7313 SW 105TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP		
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	KRAFT, CHRISTOPHER L.	32 NAME		
STREET ADDRESS	13100 NW 50TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP		
TITLE	DV	41 TITLE		☐ Change ☐ Addition
NAME	KRAFT, PETER D.	42 NAME		
STREET ADDRESS	13414 NW 19TH PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	ST	☒ Change ☒ Addition
NAME		52 NAME	McKIE, RUTH M.	
STREET ADDRESS		53 STREET ADDRESS	2828 SW 40TH AVENUE	
CITY-ST-ZIP		54 CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ ERIC B. KRAFT, PRESIDENT 04-19-95 (904) 332-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0694434 CP