FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name

L96332

(6)

KRAFT MOTORCAR CO., INC.

FILED Mar 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r neatrain aid tainh diidd sindd sind aith didir diair diair drair diair diair		
3525 N.W. 97TH BLVD. 3525 N.W. 97TH BLVD.							
GAINESVILLE FL 32606		GAINESVILLE FL 32806			DO NOT WRITE IN TI	HIS SPACE	
					3. Date Incorporated or Qualified	TIO OF AGE	
					08/28/1990		
2. Principal P	lace of Business	2a. Mailing Address		-	4. FEI Number	A	pplied For
21		26			59-3026665	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	· · · · · ·	Additional	
22		27			v. Comments of Stange Seemes		equired
City & State	e	City & State			6. Election Campaign Financing		May Be
23 Zip	Country	Zip	I Cor	intry	Trust Fund Contribution		to Fees
24 Zip	<u></u>	29	30	irits y	This corporation owes or has paid the Personal Property Tax due June 30.		itangibie ☐ No
24	9. Name and Address of Curre		1301		10. Name and Address of New Registe		
M	JRPHY, T.N., JR.			81 Name			
	O NO RTH FEDERAL HWY., SUIT	TF 410		20 0	(D.O. Day M. Johan is Net Assessable)		
	COA RATON FL 33432	12 410		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
				83			
ļ				24 0		or Zin	Codo
				84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the a	bove-named cor	rporation submits this statement for the purpor	se of changing	its registered
office or r	egi ste red agent, or both, in the Stat m fam iliar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607,0505. Flo	authorize orida Stat	d by the corpora tules.	ation's board of directors. I hereby accept the	appointment as	s registered
SIGNATURE		y					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOT	E. Registere	d Agent signature requ	uired when reinstating) DA		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETÉ	1.1 TO			Change	Addition
NAME	KRAFT, R.A.		1.2 N				
STREET ADDRESS	3000 N.E. 51ST ST.			THEET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL	□ pcierc		TY+SY-ZIP		Change	Addition
TITLE	DP POLICE	DELETE	2.1 Tr			Change	Addition
NAME	KRAFT, ERIC B.		2.2 N				
STREET ADDRESS	7313 SW 105TH AVE GAINESVILLE FL			THEET ADDRESS	, t	4.	
CITY-ST-ZIP	DV	☐ DELET E	2. 4 D	ITY-ST-ZIP		Change	Addition
TITLE	KRAFT, CHRISTOPHER L.	□ pttt1 t	3.1 N				. 133.1317
NAME OTOGET ADDOCES	13100 NW 50TH AVE			THEET ADDRESS			
STREET ADDRESS	GAINESVILLE FL			ITY-ST-ZIP			
CITY-ST-ZIP TITLE	DV	DELET e	4.1 TI			Change	Addition
NAME	KRAFT, PETER D.	La Prince	4.2 N				
STREET ADDRESS	13414 NW 19TH PLACE			TREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			1Y-S1-ZIP			
TITLE	\$1	DELETE	5.1 T(☐ Change	Addition
NAME	MCKIE, RUTH M.		5.2 N				
STREET ADDRESS	2828 SW 40TH AVENUE			THEET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL			TY-ST-ZIP			
TITLE		☐ DELET e	6.1 TI			Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP		1		TY-ST-ZIP			
14. I hereby o	certify that the information supplied	with this filing does not duality for			n Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	e 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 of the receiver of trusted 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 or an attachment withyin address.