FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

MORGEO

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| 1. Corporation Name MOTORIST DESIGN DATA MOVEMENT, INC. Principal Place of Business Mailing Address MoonTRC. MOONTRC. 7493 NW 4TH STREET PLANTATION FL 33317 PLANTATION FL 33317 | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report | | | |
|---|---|--|-------------------------------------|---|---|---|---------------|-----------------------|----------------------------|
| US | | US | | | | 06/16/1988 | | 24/199 | |
| Principal Place of Business | | 2a. Mailing Address 26 MDDM FNC. | | | 4. FEI Number 65-0057123 | | h | Applied For | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | Not Applicable Additional |
| 22 | | 27 | ···· # | | | 5. Certificate of Status Desired | | Fee F | Required |
| City & State | 9 | City & State | | | Election Campaign Financing Trust Fund Contribution | | | D May Be I to Fees | |
| Zıp | Country | Zip | Zip Coun | | | 8. This corporation has liability for intangible tax under s. 199 | | | |
| 24 | 25 | 29 | | | | Florida Statutes Xyes No | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 | Name | 10. Name and Address of New I | Registered Ag | jent | · |
| MIJRRA | .Y, DANIEL N. | | | | | | | | |
| | W 4TH STREET | | | 82 | Street Addr | ress (P.O. Box Number is Not Accepta | 5¦e) | | |
| PLANT/ | ATION FL 33317 | | | 83 | | | | | |
| | | | | 84 | City | VI ANIANA | | 85 Zip | Code |
| 44 0 | 607.05 | 00 - 1007 1500 Ft 11 | | | | ration submits this statement for the pu | FL. | | |
| or register | red agent, or both, in the State of Flo th, and accept the obligations of, Sci Signature types or protect rand of regions age | onida. Such change was air ectioni 607.0505, Florida St | ithorized by the c | corpo | oration's boar | ird of directors. I hereby accept the app | ontment as re | gistered | agent. I am |
| 12. | OFFICERS A | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AND D | IRFCTO | RS IN 12 |
| TITLE | D MINDOAY DANKEL M | MURRAY, DANIEL N. | | TLF | | | | Change | ☐ Addition |
| STREET ADDRESS 7491 N.W. 4TH STREET | | | | 1.2 NAME | | | | | |
| CITY - ST - ZIP | PLANTATION FL | | | 1.3 STREET ADDRESS | | | | | |
| THLE | D | DELETI | DELETE 2 1 T | | 1-21 | 7.10 . 20. | | Change | Addition |
| NAME 749 | MURRAY, MARCELLA M. | | 2.2 NA | 2.2 NAME | | | | , | |
| STREET ADDRESS | 7491 N.W. 4TH STREET | 23 | | 2.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PLANTATION FL | | | 2 4 City -St - ZiP | | | | | |
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| NAME | | | 42 NA | | | | | | |
| STREET ADDRESS | | | 4381 | 133H | ADORESS | | | | |
| CITY - ST - ZIP | | | 4 4 Ci | TY-SI | I - 216 | | | | |
| THILE | | DELETE | | | | | | Change | Add tion |
| NAME Otores appears | | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | 5 4 CITY - \$1 - ZIP E 6 1 TITLE | | 1-219 | *** ********************************** | | Change | Addition . |
| NAME | | L.J better | | | | | IJ | опануе | □ Madrion |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIF | | | | 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP | | | | | į |
| 4.4. 1.4. 4 | | | | | · - · · · · | | | | |

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)(k). Florida Statutes. I further certify that the information indicated on this armual 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 OP ORTESTOR

196 954-791-6022 Daywellowe

CR2E034 (12/95)