SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) 22500 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)**DOCUMENT #** M96076 PALM BEACH MOTORS UNLIMITED, INC. Mailing Address Principal Place of Business 340 BUSINESS PARKWAY 340 BUSINESS PABRWAY #10 ROYAL PAUL BOH FL 33411 3a. Date of Last Report ROYAL PALM BCH FL 33411 3. Date Incorporated or Qualified US 08/26/1988 12/18/1995 Applied For 4 EEL Number 2a. Mailing Address 2. Principal Place of Business 65-0067875 Not Applicable rwn US US 1100 26 1100 \$8.75 Additional Suite, Apt #, etc. uite, Apt. #. etc 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State Election Campaign Financing City & State PARK Added to Fees LAKE Trust Fund Contribution LAKE 23 8. This corporation has liability for intangible tax under s 199 032 Yes No Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PAINE, JEFFREY A. Street Address (P.O. Box Number is Not Acceptable) 500 S AUSTRAILIAN AVE. 82 SUITE 501 WEST PALM BEACH FL 33401 Zip Code City **B4** 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's gnature required when reinstaling) Signature, typed or printed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13 12. Change DELETE 1 1 Tifle TITLE **CR2E034** 1.2 NAME MOFFETT, LARRY E. NAME 145 SANTIAGO ST. 1.3 STREET ADDRESS STREET ADDRESS ROYAL PALM BEACH FL 14 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME MOFFETT, LORI NAME 2.3 STREET ADDRESS 145 SANTIAGO ST. STREET ADDRESS ROYAL PALM BEACH FL 2 4 CITY - ST-ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREE! ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TiTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP CITY-S1-ZIP Change Addition DELETE 5.1 TO LE TITL F 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 61 THILE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L-27-96 407 798 8770

Dignet Phone F

14. Too 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 1 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 617, Florida Statutes and that the information indicated on the state of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if

that my name appears in B

SIGNATURE