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Mar 18 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 # M96076 (8)

1. Corporation Name
MOFFETT MOTORS INC.

Principal Place of Business

1100 US HWY 1
#10
LAKE PARK FL 33403
US

Mailing Address

1100 US HWY 1
#10
LAKE PARK FL 33403-2836
US



3. Date Incorporated or Qualified
08/26/1988

3a. Date of Last Report
07/02/1996

2. Principal Place of Business

21 3550 A NORTHLAKE BLVD
Suite, Apt. #, etc.

22 City & State
LAKE PARK FL

23 Zip
33403

25 Country
PALM BEACH

2a. Mailing Address

27 3550 A NORTHLAKE BLVD
Suite, Apt. #, etc.

28 City & State
LAKE PARK FL

29 Zip
33403

30 Country
PALM BEACH

4. FEI Number
65-0067875

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PAINE, JEFFREY A.
500 S AUSTRALIAN AVE.
SUITE 501
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
LARRY E MOFFETT
82 Street Address (P.O. Box Number is Not Acceptable)
154 SEVILLA AVE
83
84 City
ROYAL PALM BEACH FL
85 Zip Code
33411

11. Pursuant to the provisions of Sections 607.0102 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

Signature of typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOFFETT, LARRY E.	
STREET ADDRESS	145 SANTIAGO ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOFFETT, LORI	
STREET ADDRESS	145 SANTIAGO ST.	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES + DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOFFETT, LARRY E	
1.3 STREET ADDRESS	154 SEVILLA AVE	
1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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

LARRY E MOFFETT

2-19-97 5616254449

Date Daytime Phone #

CR2E034 (9/96)