

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Apr 17 1996 8:00 am  
Secretary of State

**DOCUMENT # N93000003823 (2)**

1. Corporation Name

**MIGHTY MOPARS OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

8956 CHERRYSTONE LANE  
ORLANDO FL 32825

8956 CHERRYSTONE LANE  
ORLANDO FL 32825



3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3202345

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

Country

29

Zip

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARG, GEORGE L**  
8956 CHERRYSTONE LANE  
ORLANDO FL 32825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both to 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCGOWAN, JOHN	
STREET ADDRESS	5436 HALIFAX DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARG, GEORGE	
STREET ADDRESS	8956 CHERRYSTONE LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WELLS, CARA	
STREET ADDRESS	850 WINGO STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SAA	<input type="checkbox"/> DELETE
NAME	GRAY, GARY	
STREET ADDRESS	8525 SUNBURBAN DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ED	<input checked="" type="checkbox"/> DELETE
NAME	REDAKO, DINA	
STREET ADDRESS	709 WILSHIRE DRIVE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RYON, ROBERT	
STREET ADDRESS	1130 ROBINHOOD CT	
CITY-ST-ZIP	MT DORA FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICK, SENKOW	
1.3 STREET ADDRESS	P.O. Box 460	
1.4 CITY-ST-ZIP	INTERCESSION CITY FL 33848	
2.1 TITLE	EVENTS DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JERRY, EHLETER	
2.3 STREET ADDRESS	434 WILSON HWY. CT	
2.4 CITY-ST-ZIP	ORLANDO FL 32822	
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 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 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 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

8 APR 96 (407) 282-1632  
Date Daytime Phone #

CP2E037 (12/95)