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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003823 (2)**

1. Corporation Name
MIGHTY MOPARS OF ORLANDO, INC.



Principal Place of Business 8956 CHERRYSTONE LANE ORLANDO FL 32825	Mailing Address 8956 CHERRYSTONE LANE ORLANDO FL 32825-6427
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3. Date Incorporated or Qualified 08/24/1993	3a. Date of Last Report 04/17/1996
4. FEI Number 59-3202345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

BARG, GEORGE L
8956 CHERRYSTONE LANE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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, 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 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SENKOW, RICK	
STREET ADDRESS	P.O. BOX 460 N/A	
CITY-ST-ZIP	INTERCESSION CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARG, GEORGE	
STREET ADDRESS	8956 CHERRYSTONE LN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, CARA	
STREET ADDRESS	850 WINGO STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SAA	<input checked="" type="checkbox"/> DELETE
NAME	GRAY, GARY	
STREET ADDRESS	8525 SUNBURBAN DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EHLEITER, JERRY	
STREET ADDRESS	834 HICKORY HILLCOURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SECRETARY / TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOB KNOWLES	
3.3 STREET ADDRESS	1119 DELAWARE AVE	
3.4 CITY-ST-ZIP	ST CLOUD, FL 32769	
4.1 TITLE	SAA - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BEAR NEWMAN	
4.3 STREET ADDRESS	3180 BOGGY CREEK RD	
4.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
5.1 TITLE	ED - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BUDDY LEWIS	
5.3 STREET ADDRESS	1135 WEST HOLDEN AVE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32839	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **15 JAN 97 (407) 282-1632**

CR2E037 (9/96)